

104,846 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	76,235	4,277,995	\$ 32,672,112.85	\$ 7.64	40.803	\$	428.57	\$ 311.62
@PHYSICIANS SERVICES	16,897	91,667	\$ 1,020,570.96	\$ 11.13	.874	\$	60.40	\$ 9.73
OUTPATIENT VISITS	982	1,473	47,412.77	32.19	.014		48.28	.45
OFFICE VISITS	911	1,362	40,175.94	29.50	.013		44.10	.38
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	73	84	6,718.55	79.98	.001		92.03	.06
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	26	27	518.28	19.20	.000		19.93	.00
INPATIENT VISITS	53	182	9,691.66	53.25	.002		182.86	.09
HOSPITAL VISITS	49	161	7,863.24	48.84	.002		160.47	.07
CRITICAL CARE	6	18	1,637.32	90.96	.000		272.89	.02
SNF/ICF/TRANS IP CARE	2	3	191.10	63.70	.000		95.55	.00
OPHTHALMOLOGICAL SERVICES	152	161	5,130.82	31.87	.002		33.76	.05
EXAMINATIONS	151	160	5,110.82	31.94	.002		33.85	.05
SERVICES AND MATERIALS	1	1	20.00	20.00	.000		20.00	.00
INPATIENT HOSPITAL SURGERY	29	186	19,542.53	105.07	.002		673.88	.19
PRINCIPAL SURGEON	22	101	16,207.20	160.47	.001		736.69	.15
ASSISTANT SURGEON	5	6	1,250.36	208.39	.000		250.07	.01
ANESTHESIOLOGIST	8	79	2,084.97	26.39	.001		260.62	.02
OUTPATIENT SURGERY	110	221	24,587.69	111.26	.002		223.52	.23
PRINCIPAL SURGEON	101	123	23,139.33	188.12	.001		229.10	.22
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	11	98	1,448.36	14.78	.001		131.67	.01
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	335	713	5,803.35	8.14	.007		17.32	.06
RADIOLOGY	278	535	21,759.11	40.67	.005		78.27	.21
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	106	658	14,760.56	22.43	.006		139.25	.14
OTHER SERVICES/ALL X-OVERS	15,829	87,538	871,882.47	9.96	.835		55.08	8.32
@PHARMACY	66,172	1,855,409	\$ 17,937,791.79	\$ 9.67	17.697	\$	271.08	\$ 171.09
PRESCRIPTION DRUGS	64,624	261,769	16,940,229.31	64.71	2.497		262.14	161.57
SNF/ICF	1,067	5,863	307,254.39	52.41	.056		287.96	2.93
OUTPATIENTS	63,684	255,906	16,632,974.92	65.00	2.441		261.18	158.64
MEDICAL SUPPLIES	10,857	1,593,640	997,562.48	.63	15.200		91.88	9.51
@DENTIST	5,156	23,446	\$ 1,111,839.82	\$ 47.42	.224	\$	215.64	\$ 10.60
VISITS - DIAGNOSTIC	2,994	12,817	134,446.11	10.49	.122		44.91	1.28
ORAL SURGERY	884	2,798	142,623.24	50.97	.027		161.34	1.36
DRUGS	5	6	75.00	12.50	.000		15.00	.00
ANESTHESIA	7	8	800.00	100.00	.000		114.29	.01
PERIODONTICS	525	550	66,759.75	121.38	.005		127.16	.64
ENDODONTICS	220	302	64,641.00	214.04	.003		293.82	.62
RESTORATIVE DENTISTRY	1,222	3,439	277,507.75	80.69	.033		227.09	2.65
PROSTHETICS	45	50	1,529.80	30.60	.000		34.00	.01
DENTURES, STAYPLATES	1,337	3,397	422,309.15	124.32	.032		315.86	4.03
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	1	3	1,148.02	382.67	.000		1148.02	.01
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	90	76	.00	.00	.001		.00	.00

104,846 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,324	6,005	\$ 118,318.05	\$ 19.70	.057	\$ 50.91	\$ 1.13
DIAGNOSTIC AND ANC. PROCED	482	482	19,624.41	40.71	.005	40.71	.19
EYE APPLIANCES	1,545	4,441	78,331.58	17.64	.042	50.70	.75
OTHER OPTOMETRIC SERVICES	725	1,082	20,362.06	18.82	.010	28.09	.19
@CHIROPRACTOR	56	122	\$ 1,523.57	\$ 12.49	.001	\$ 27.21	\$.01
VISITS	16	36	601.92	16.72	.000	37.62	.01
OTHER SERVICES	43	86	921.65	10.72	.001	21.43	.01
@PODIATRIST	1,313	1,916	\$ 23,419.79	\$ 12.22	.018	\$ 17.84	\$.22
MEDICINE/INJECTIONS	14	15	495.80	33.05	.000	35.41	.00
SURGERY/ANES.	4	5	71.00	14.20	.000	17.75	.00
RADIO./PATHOLOGY	2	2	34.60	17.30	.000	17.30	.00
OTHER	1,301	1,894	22,818.39	12.05	.018	17.54	.22
@HOME HEALTH AGENCY	5	95	\$ 6,274.52	\$ 66.05	.001	\$ 1254.90	\$.06
NURSE ANESTHESIST	41	160	\$ 1,253.42	\$ 7.83	.002	\$ 30.57	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	8	9	\$ 415.33	\$ 46.15	.000	\$ 51.92	\$.00
FAMILY NURSE PRACTITIONER	101	249	\$ 3,687.22	\$ 14.81	.002	\$ 36.51	\$.04
@TOTAL HOSPITAL	7,682	29,342	\$ 4,610,153.76	\$ 157.12	.280	\$ 600.12	\$ 43.97
HOSP INPATIENT TOTAL	1,128	6,435	3,957,627.54	615.02	.061	3508.54	37.75
HSC HOSPITALS	513	3,313	3,209,163.17	968.66	.032	6255.68	30.61
NON-HSC HOSPITAL TOTAL	64	334	323,136.06	967.47	.003	5049.00	3.08
ACCOMMODATIONS	64	334	111,586.15	334.09	.003	1743.53	1.06
ADMINISTRATIVE DAYS	28	145	29,742.30	205.12	.001	1062.23	.28
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	189	81,843.85	433.04	.002	2273.44	.78
ANCILLARIES	64	0	211,549.91	.00	.000	3305.47	2.02
INPATIENT CROSSOVERS	574	2,788	425,328.31	152.56	.027	740.99	4.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7,065	22,907	652,526.22	28.49	.218	92.36	6.22
MEDICAL	92	143	10,619.20	74.26	.001	115.43	.10
SURGERY	20	20	1,183.53	59.18	.000	59.18	.01
PATHOLOGY	96	349	4,141.97	11.87	.003	43.15	.04
RADIOLOGY	111	221	20,441.43	92.50	.002	184.16	.19
ROOM USE	114	155	7,223.76	46.60	.001	63.37	.07
CROSSOVERS/ALL OTH OUTPTNT	6,870	22,019	608,916.33	27.65	.210	88.63	5.81
@COUNTY HOSPITAL TOTAL	15	40	\$ 10,822.91	\$ 270.57	.000	\$ 721.53	\$.10
CO HOSPITAL INPATIENT TOTAL	3	7	7,682.16	1097.45	.000	2560.72	.07
HSC HOSPITALS	3	7	7,682.16	1097.45	.000	2560.72	.07
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	33	3,140.75	95.17	.000	241.60	.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	13	33	3,140.75	95.17	.000	241.60	.03

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,670	29,302	\$	4,599,330.85	\$ 156.96	.279	\$ 599.65	\$ 43.87
COMM HOSP INPATIENT TOTAL	1,125	6,428		3,949,945.38	614.49	.061	3511.06	37.67
HSC HOSPITALS	510	3,306		3,201,481.01	968.39	.032	6277.41	30.54
NON-HSC HOSPITALS TOTAL	64	334		323,136.06	967.47	.003	5049.00	3.08
ACCOMMODATIONS	64	334		111,586.15	334.09	.003	1743.53	1.06
ADMINISTRATIVE DAYS	28	145		29,742.30	205.12	.001	1062.23	.28
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	189		81,843.85	433.04	.002	2273.44	.78
ANCILLARIES	64	0		211,549.91	.00	.000	3305.47	2.02
INPATIENT CROSSOVERS	574	2,788		425,328.31	152.56	.027	740.99	4.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7,053	22,874		649,385.47	28.39	.218	92.07	6.19
MEDICAL	92	143		10,619.20	74.26	.001	115.43	.10
SURGERY	20	20		1,183.53	59.18	.000	59.18	.01
PATHOLOGY	96	349		4,141.97	11.87	.003	43.15	.04
RADIOLOGY	111	221		20,441.43	92.50	.002	184.16	.19
ROOM USE	114	155		7,223.76	46.60	.001	63.37	.07
CROSSOVERS/ALL OTH OUTPTNT	6,858	21,986		605,775.58	27.55	.210	88.33	5.78
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1,143	27,054	\$	3,805,291.59	\$ 140.66	.258	\$ 3329.21	\$ 36.29
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	11	380		141,255.21	371.72	.004	12841.38	1.35
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,132	26,674		3,664,036.38	137.36	.254	3236.78	34.95
@INTERMEDIATE CARE FACIL.-DD	1	39	\$	7,128.81	\$ 182.79	.000	\$ 7128.81	\$.07
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	39		7,128.81	182.79	.000	7128.81	.07
@HEMODIALYSIS TOTAL	630	803	\$	337,599.44	\$ 420.42	.008	\$ 535.87	\$ 3.22
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	630	803		337,599.44	420.42	.008	535.87	3.22
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	248	1,716	\$	13,237.95	\$ 7.71	.016	\$ 53.38	\$.13
PATHOLOGY	218	1,645		12,794.56	7.78	.016	58.69	.12
XO AND OTHERS	30	71		443.39	6.24	.001	14.78	.00
@ORGANIZED OUTPATIENT CLINIC	7,300	12,674	\$	418,449.48	\$ 33.02	.121	\$ 57.32	\$ 3.99
CLINIC	75	457		6,551.40	14.34	.004	87.35	.06
SURGICENTER	165	253		29,926.76	118.29	.002	181.37	.29
HEROIN DETOX CLINIC	9	113		1,309.96	11.59	.001	145.55	.01
RURAL HEALTH CLINIC	7,069	11,851		380,661.36	32.12	.113	53.85	3.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
FRESNO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED							
				AID CODE 10		----- MONTHLY AVERAGE -----		
104,846 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	13,503	2,227,289	\$ 3,255,157.35	\$ 1.46	21.243	\$ 241.07	\$ 31.05	
DURABLE MED. EQUIP.	288	562	90,227.47	160.55	.005	313.29	.86	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	240	274	130,529.13	476.38	.003	543.87	1.24	
MEDICAL TRANSPORTATION	1,526	128,857	400,579.37	3.11	1.229	262.50	3.82	
AMBULANCES/AIR TRANS	290	2,903	41,785.60	14.39	.028	144.09	.40	
OTHER TRANS	765	120,481	331,575.40	2.75	1.149	433.43	3.16	

OTHER SERVICES	559	5,473	27,218.37	4.97	.052	48.69	.26
ACUPUNCTURE	71	158	2,984.35	18.89	.002	42.03	.03
ADULT DAY HEALTH CARE CTR	1,434	22,189	1,539,014.48	69.36	.212	1073.23	14.68
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1,042	4,446	312,643.32	70.32	.042	300.04	2.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,934	6,753	92,133.37	13.64	.064	31.40	.88
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	32	81	207.09	2.56	.001	6.47	.00
PROSTHETIST/ORTHOTISTS	338	725	22,313.44	30.78	.007	66.02	.21
PROSTHETICS	335	722	22,112.84	30.63	.007	66.01	.21
ORTHOTICS	3	3	200.60	66.87	.000	66.87	.00
PSYCHOLOGIST	1	4	21.68	5.42	.000	21.68	.00
SPEECH AND AUDIOLOGY	441	818	56,920.68	69.59	.008	129.07	.54
HOSPICE SERVICES	26	497	60,419.82	121.57	.005	2323.84	.58
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	10	98.19	9.82	.000	24.55	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6,802	2,061,915	547,064.96	.27	19.666	80.43	5.22
@CALIF. CHILDREN SERVICES*	10	19	\$ 1,642.06	\$ 86.42	.000	\$ 164.21	\$.02
@XOVER EXCLUDING STATE HOSP**	27,029	355,362	\$ 3,318,926.81	\$ 9.34	3.389	\$ 122.79	\$ 31.66

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,885
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND	AID CODE 20	

8,796 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,004	661,128	\$ 5,265,379.39	\$ 7.96	75.162	\$ 751.77	\$ 598.61
@PHYSICIANS SERVICES	2,597	16,497	\$ 306,991.21	\$ 18.61	1.876	\$ 118.21	\$ 34.90
OUTPATIENT VISITS	1,303	2,032	68,456.85	33.69	.231	52.54	7.78
OFFICE VISITS	1,003	1,453	42,905.02	29.53	.165	42.78	4.88
HOME VISITS	1	1	34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	187	230	15,112.62	65.71	.026	80.82	1.72
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	24	81	2,600.09	32.10	.009	108.34	.30
OTHER OUTPATIENT	205	267	7,804.82	29.23	.030	38.07	.89
INPATIENT VISITS	133	628	30,691.54	48.87	.071	230.76	3.49
HOSPITAL VISITS	109	557	25,265.54	45.36	.063	231.79	2.87
CRITICAL CARE	10	35	4,256.50	121.61	.004	425.65	.48
SNF/ICF/TRANS IP CARE	23	36	1,169.50	32.49	.004	50.85	.13
OPHTHALMOLOGICAL SERVICES	136	167	7,004.89	41.95	.019	51.51	.80
EXAMINATIONS	136	167	7,004.89	41.95	.019	51.51	.80
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	61	199	22,549.85	113.32	.023	369.67	2.56
PRINCIPAL SURGEON	52	83	19,264.56	232.10	.009	370.47	2.19
ASSISTANT SURGEON	3	3	307.64	102.55	.000	102.55	.03
ANESTHESIOLOGIST	12	113	2,977.65	26.35	.013	248.14	.34
OUTPATIENT SURGERY	143	488	45,754.96	93.76	.055	319.96	5.20
PRINCIPAL SURGEON	129	172	41,460.02	241.05	.020	321.40	4.71
ASSISTANT SURGEON	2	2	446.76	223.38	.000	223.38	.05
ANESTHESIOLOGIST	22	314	3,848.18	12.26	.036	174.92	.44
DIALYSIS	54	248	17,305.79	69.78	.028	320.48	1.97
PATHOLOGY	312	694	8,701.54	12.54	.079	27.89	.99
RADIOLOGY	361	715	28,912.62	40.44	.081	80.09	3.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	85	356		3,639.03		10.22	.040	42.81	.41
OTHER SERVICES/ALL X-OVERS	1,209	10,970		73,974.14		6.74	1.247	61.19	8.41
@PHARMACY	5,620	238,096	\$	2,136,217.89	\$	8.97	27.069	\$ 380.11	\$ 242.86
PRESCRIPTION DRUGS	5,447	25,553		1,960,915.21		76.74	2.905	360.00	222.93
SNF/ICF	103	683		44,835.23		65.64	.078	435.29	5.10
OUTPATIENTS	5,360	24,870		1,916,079.98		77.04	2.827	357.48	217.84
MEDICAL SUPPLIES	1,339	212,543		175,302.68		.82	24.164	130.92	19.93
@DENTIST	528	2,665	\$	104,936.81	\$	39.38	.303	\$ 198.74	\$ 11.93
VISITS - DIAGNOSTIC	367	1,644		18,479.55		11.24	.187	50.35	2.10
ORAL SURGERY	86	234		11,398.93		48.71	.027	132.55	1.30
DRUGS	2	3		.00		.00	.000	.00	.00
ANESTHESIA	3	3		200.00		66.67	.000	66.67	.02
PERIODONTICS	71	79		10,349.00		131.00	.009	145.76	1.18
ENDODONTICS	24	32		7,626.00		238.31	.004	317.75	.87
RESTORATIVE DENTISTRY	147	459		37,674.10		82.08	.052	256.29	4.28
PROSTHETICS	5	6		445.00		74.17	.001	89.00	.05

DENTURES, STAYPLATES	61	190	18,442.00	97.06	.022	302.33	2.10
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3	322.23	107.41	.000	107.41	.04
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	10	12	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,886
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

8,796 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	126	317	\$ 10,735.42	\$ 33.87	.036	\$ 85.20	\$ 1.22
DIAGNOSTIC AND ANC. PROCED	67	73	3,346.20	45.84	.008	49.94	.38
EYE APPLIANCES	87	226	7,132.51	31.56	.026	81.98	.81
OTHER OPTOMETRIC SERVICES	11	18	256.71	14.26	.002	23.34	.03
@CHIROPRACTOR	32	74	\$ 1,228.92	\$ 16.61	.008	\$ 38.40	\$.14
VISITS	32	74	1,228.92	16.61	.008	38.40	.14
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	154	222	\$ 4,284.39	\$ 19.30	.025	\$ 27.82	\$.49
MEDICINE/INJECTIONS	64	73	1,803.44	24.70	.008	28.18	.21
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	2	34.60	17.30	.000	17.30	.00
OTHER	96	147	2,446.35	16.64	.017	25.48	.28
@HOME HEALTH AGENCY	41	175	\$ 12,544.76	\$ 71.68	.020	\$ 305.97	\$ 1.43
NURSE ANESTHESIST	2	25	219.74	8.79	.003	109.87	.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	32	102	\$ 1,324.40	\$ 12.98	.012	\$ 41.39	\$.15
@TOTAL HOSPITAL	1,185	6,586	\$ 1,033,367.46	\$ 156.90	.749	\$ 872.04	\$ 117.48
HOSP INPATIENT TOTAL	158	934	866,717.77	927.96	.106	5485.56	98.54
HSC HOSPITALS	101	618	729,821.68	1180.94	.070	7225.96	82.97
NON-HSC HOSPITAL TOTAL	19	101	107,896.03	1068.28	.011	5678.74	12.27
ACCOMMODATIONS	19	101	33,809.59	334.75	.011	1779.45	3.84
ADMINISTRATIVE DAYS	3	47	10,504.26	223.49	.005	3501.42	1.19
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	54	23,305.33	431.58	.006	1456.58	2.65
ANCILLARIES	19	0	74,086.44	.00	.000	3899.29	8.42
INPATIENT CROSSOVERS	41	215	29,000.06	134.88	.024	707.32	3.30
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,117	5,652	166,649.69	29.49	.643	149.19	18.95
MEDICAL	183	353	13,573.32	38.45	.040	74.17	1.54
SURGERY	76	126	5,754.35	45.67	.014	75.72	.65
PATHOLOGY	328	1,550	19,708.30	12.72	.176	60.09	2.24
RADIOLOGY	213	321	30,805.84	95.97	.036	144.63	3.50
ROOM USE	477	781	32,071.50	41.06	.089	67.24	3.65
CROSSOVERS/ALL OTH OUTPTNT	643	2,521	64,736.38	25.68	.287	100.68	7.36
@COUNTY HOSPITAL TOTAL	2	10	\$ 211.12	\$ 21.11	.001	\$ 105.56	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	10	211.12	21.11	.001	105.56	.02
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	47.59	9.52	.001	23.80	.01
RADIOLOGY	1	1	39.72	39.72	.000	39.72	.00
ROOM USE	2	2	85.87	42.94	.000	42.94	.01
CROSSOVERS/ALL OTH OUTPTNT	2	2	37.94	18.97	.000	18.97	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,887
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

8,796 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,183	6,576	\$ 1,033,156.34	\$ 157.11	.748	\$ 873.34	\$ 117.46
COMM HOSP INPATIENT TOTAL	158	934	866,717.77	927.96	.106	5485.56	98.54
HSC HOSPITALS	101	618	729,821.68	1180.94	.070	7225.96	82.97
NON-HSC HOSPITALS TOTAL	19	101	107,896.03	1068.28	.011	5678.74	12.27
ACCOMMODATIONS	19	101	33,809.59	334.75	.011	1779.45	3.84
ADMINISTRATIVE DAYS	3	47	10,504.26	223.49	.005	3501.42	1.19
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	54	23,305.33	431.58	.006	1456.58	2.65
ANCILLARIES	19	0	74,086.44	.00	.000	3899.29	8.42
INPATIENT CROSSOVERS	41	215	29,000.06	134.88	.024	707.32	3.30
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,115	5,642	166,438.57	29.50	.641	149.27	18.92
MEDICAL	183	353	13,573.32	38.45	.040	74.17	1.54
SURGERY	76	126	5,754.35	45.67	.014	75.72	.65
PATHOLOGY	326	1,545	19,660.71	12.73	.176	60.31	2.24
RADIOLOGY	212	320	30,766.12	96.14	.036	145.12	3.50
ROOM USE	475	779	31,985.63	41.06	.089	67.34	3.64
CROSSOVERS/ALL OTH OUTPTNT	641	2,519	64,698.44	25.68	.286	100.93	7.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	86	2,204	\$ 469,832.15	\$ 213.17	.251	\$ 5463.16	\$ 53.41
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	398	230,059.63	578.04	.045	25562.18	26.16
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	77	1,806	239,772.52	132.76	.205	3113.93	27.26
@INTERMEDIATE CARE FACIL.-DD	51	1,541	\$ 244,952.82	\$ 158.96	.175	\$ 4803.00	\$ 27.85
ICF DDH	35	1,087	162,127.99	149.15	.124	4632.23	18.43
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	16	454	82,824.83	182.43	.052	5176.55	9.42
@HEMODIALYSIS TOTAL	269	2,149	\$ 211,655.01	\$ 98.49	.244	\$ 786.82	\$ 24.06
HOSPITAL BASED	1	1	192.70	192.70	.000	192.70	.02
HEMODIALYSIS CENTER	269	2,148	211,462.31	98.45	.244	786.11	24.04
@REHABILITATION FACILITY	73	464	\$ 8,073.65	\$ 17.40	.053	\$ 110.60	\$.92
HOSPITAL BASED	20	81	1,987.04	24.53	.009	99.35	.23
INDEPENDENT FACILITY	53	383	6,086.61	15.89	.044	114.84	.69
@LABORATORY FACILITY	277	1,894	\$ 20,037.63	\$ 10.58	.215	\$ 72.34	\$ 2.28
PATHOLOGY	277	1,894	20,037.63	10.58	.215	72.34	2.28
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	714	1,426	\$ 78,588.19	\$ 55.11	.162	\$ 110.07	\$ 8.93
CLINIC	43	224	5,571.42	24.87	.025	129.57	.63
SURGICENTER	27	127	8,251.64	64.97	.014	305.62	.94
HEROIN DETOX CLINIC	3	39	431.34	11.06	.004	143.78	.05
RURAL HEALTH CLINIC	649	1,036	64,333.79	62.10	.118	99.13	7.31

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,888
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

8,796 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,528	386,691	\$ 620,388.94	\$ 1.60	43.962	\$ 406.01	\$ 70.53
DURABLE MED. EQUIP.	93	412	96,326.16	233.80	.047	1035.77	10.95
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	14	21	9,578.08	456.10	.002	684.15	1.09
MEDICAL TRANSPORTATION	390	39,392	140,457.74	3.57	4.478	360.15	15.97
AMBULANCES/AIR TRANS	161	1,374	21,435.19	15.60	.156	133.14	2.44
OTHER TRANS	190	37,545	116,652.82	3.11	4.268	613.96	13.26
OTHER SERVICES	53	473	2,369.73	5.01	.054	44.71	.27
ACUPUNCTURE	2	3	59.47	19.82	.000	29.74	.01
ADULT DAY HEALTH CARE CTR	160	2,409	166,919.56	69.29	.274	1043.25	18.98
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	83	223	22,404.92	100.47	.025	269.94	2.55
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	225	531	23,257.49	43.80	.060	103.37	2.64
PHYSICAL THERAPIST	1	7	325.27	46.47	.001	325.27	.04
PORTABLE X-RAY	7	21	102.35	4.87	.002	14.62	.01
PROSTHETIST/ORTHOTISTS	36	133	9,243.31	69.50	.015	256.76	1.05
PROSTHETICS	35	132	9,126.98	69.14	.015	260.77	1.04
ORTHOTICS	1	1	116.33	116.33	.000	116.33	.01
PSYCHOLOGIST	1	4	275.41	68.85	.000	275.41	.03
SPEECH AND AUDIOLOGY	38	83	6,881.80	82.91	.009	181.10	.78
HOSPICE SERVICES	2	1	133.62	133.62	.000	66.81	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	190	16,170	73,639.80	4.55	1.838	387.58	8.37
EPSDT SUPPLEMENTAL SERVICE	1	326	9,587.66	29.41	.037	9587.66	1.09
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	516	326,952	60,881.30	.19	37.171	117.99	6.92
@CALIF. CHILDREN SERVICES*	339	30,265	\$ 438,587.95	\$ 14.49	3.441	\$ 1293.77	\$ 49.86
@XOVER EXCLUDING STATE HOSP**	1,515	20,833	\$ 311,064.39	\$ 14.93	2.368	\$ 205.32	\$ 35.36

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,889
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

282,295 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	243,244	14,180,748	\$ 165,960,635.74	\$ 11.70	50.234	\$ 682.28	\$ 587.90
@PHYSICIANS SERVICES	86,100	445,225	\$ 10,237,850.43	\$ 22.99	1.577	\$ 118.91	\$ 36.27
OUTPATIENT VISITS	52,557	81,447	2,767,389.94	33.98	.289	52.66	9.80
OFFICE VISITS	39,940	56,622	1,662,490.59	29.36	.201	41.62	5.89
HOME VISITS	351	464	19,080.14	41.12	.002	54.36	.07
EMERGENCY ROOM	9,125	11,957	735,399.35	61.50	.042	80.59	2.61
PREVENTIVE CARE	16	16	834.31	52.14	.000	52.14	.00
OB VISITS/COMPRE PERI	502	2,373	65,169.12	27.46	.008	129.82	.23
OTHER OUTPATIENT	7,578	10,015	284,416.43	28.40	.035	37.53	1.01
INPATIENT VISITS	5,232	22,199	1,179,421.22	53.13	.079	225.42	4.18
HOSPITAL VISITS	3,952	17,640	811,387.18	46.00	.062	205.31	2.87
CRITICAL CARE	357	1,811	270,362.56	149.29	.006	757.32	.96
SNF/ICF/TRANS IP CARE	1,256	2,748	97,671.48	35.54	.010	77.76	.35
OPHTHALMOLOGICAL SERVICES	1,692	2,014	87,226.31	43.31	.007	51.55	.31
EXAMINATIONS	1,690	2,011	87,057.01	43.29	.007	51.51	.31
SERVICES AND MATERIALS	3	3	169.30	56.43	.000	56.43	.00
INPATIENT HOSPITAL SURGERY	1,956	10,282	1,011,151.04	98.34	.036	516.95	3.58
PRINCIPAL SURGEON	1,563	2,664	806,083.37	302.58	.009	515.73	2.86

ASSISTANT SURGEON	185	194	42,311.40	218.10	.001	228.71	.15
ANESTHESIOLOGIST	556	7,424	162,756.27	21.92	.026	292.73	.58
OUTPATIENT SURGERY	4,751	9,762	962,341.75	98.58	.035	202.56	3.41
PRINCIPAL SURGEON	4,303	5,582	865,287.31	155.01	.020	201.09	3.07
ASSISTANT SURGEON	24	24	2,785.06	116.04	.000	116.04	.01
ANESTHESIOLOGIST	652	4,156	94,269.38	22.68	.015	144.58	.33
DIALYSIS	522	1,985	152,450.04	76.80	.007	292.05	.54
PATHOLOGY	11,243	26,901	309,216.16	11.49	.095	27.50	1.10
RADIOLOGY	14,392	29,180	1,051,436.07	36.03	.103	73.06	3.72
PSYCHIATRY	26	34	911.86	26.82	.000	35.07	.00
IMMUNIZATION AND INJECTION	4,404	40,456	866,062.37	21.41	.143	196.65	3.07
OTHER SERVICES/ALL X-OVERS	31,246	220,965	1,850,243.67	8.37	.783	59.22	6.55
@PHARMACY	189,838	5,403,212	\$ 72,013,459.26	\$ 13.33	19.140	\$ 379.34	\$ 255.10
PRESCRIPTION DRUGS	185,678	854,688	65,255,397.36	76.35	3.028	351.44	231.16
SNF/ICF	4,894	30,298	2,677,139.60	88.36	.107	547.02	9.48
OUTPATIENTS	181,323	824,390	62,578,257.76	75.91	2.920	345.12	221.68
MEDICAL SUPPLIES	29,320	4,548,524	6,758,061.90	1.49	16.113	230.49	23.94
@DENTIST	22,631	114,137	\$ 4,439,340.24	\$ 38.89	.404	\$ 196.16	\$ 15.73
VISITS - DIAGNOSTIC	14,992	70,093	778,591.62	11.11	.248	51.93	2.76
ORAL SURGERY	3,550	10,054	571,350.20	56.83	.036	160.94	2.02
DRUGS	175	367	6,084.50	16.58	.001	34.77	.02
ANESTHESIA	158	160	14,950.00	93.44	.001	94.62	.05
PERIODONTICS	3,025	3,260	394,442.50	120.99	.012	130.39	1.40
ENDODONTICS	1,174	1,716	343,970.00	200.45	.006	292.99	1.22
RESTORATIVE DENTISTRY	6,470	19,495	1,436,033.11	73.66	.069	221.95	5.09
PROSTHETICS	184	201	4,777.50	23.77	.001	25.96	.02
DENTURES, STAYPLATES	2,701	7,726	845,816.58	109.48	.027	313.15	3.00
SPACE MAINTAINERS	22	35	3,197.00	91.34	.000	145.32	.01
MAXILLOFACIAL SERVICES	65	77	6,737.23	87.50	.000	103.65	.02
FRACTURES, DISLOCATIONS	2	4	3,200.00	800.00	.000	1600.00	.01
ORTHODONTIC SERVICES	275	357	29,535.00	82.73	.001	107.40	.10
ALL OTHER SERVICES	353	592	655.00	1.11	.002	1.86	.00

#CALIF DEPT OF HEALTH SERV MOP024
FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

PAGE 2,890
01/29/04

282,295 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5,819	16,568	\$	357,038.26	\$ 21.55	.059	\$ 61.36	\$ 1.26
DIAGNOSTIC AND ANC. PROCED	2,836	2,875		130,400.83	45.36	.010	45.98	.46
EYE APPLIANCES	4,385	12,611		208,697.07	16.55	.045	47.59	.74
OTHER OPTOMETRIC SERVICES	697	1,082		17,940.36	16.58	.004	25.74	.06
@CHIROPRACTOR	1,171	2,127	\$	35,092.77	\$ 16.50	.008	\$ 29.97	\$.12
VISITS	1,114	2,042		33,937.26	16.62	.007	30.46	.12
OTHER SERVICES	60	85		1,155.51	13.59	.000	19.26	.00
@PODIATRIST	4,334	6,023	\$	130,640.12	\$ 21.69	.021	\$ 30.14	\$.46
MEDICINE/INJECTIONS	2,341	2,596		66,005.93	25.43	.009	28.20	.23
SURGERY/ANES.	63	73		6,021.32	82.48	.000	95.58	.02
RADIO./PATHOLOGY	133	164		2,867.64	17.49	.001	21.56	.01
OTHER	2,071	3,190		55,745.23	17.47	.011	26.92	.20
@HOME HEALTH AGENCY	1,073	67,324	\$	2,158,849.42	\$ 32.07	.238	\$ 2011.98	\$ 7.65
NURSE ANESTHESIST	84	489	\$	5,044.17	\$ 10.32	.002	\$ 60.05	\$.02
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	4	8	\$	115.84	\$ 14.48	.000	\$ 28.96	\$.00
FAMILY NURSE PRACTITIONER	1,143	3,078	\$	50,667.14	\$ 16.46	.011	\$ 44.33	\$.18
@TOTAL HOSPITAL	41,590	241,062	\$	35,725,150.98	\$ 148.20	.854	\$ 858.98	\$ 126.55
HOSP INPATIENT TOTAL	4,567	28,443		29,177,739.56	1025.83	.101	6388.82	103.36
HSC HOSPITALS	3,368	20,831		26,017,841.09	1249.00	.074	7725.01	92.17
NON-HSC HOSPITAL TOTAL	399	2,017		2,310,753.13	1145.64	.007	5791.36	8.19
ACCOMMODATIONS	398	2,017		714,109.76	354.05	.007	1794.25	2.53

ADMINISTRATIVE DAYS	116	780	175,767.29	225.34	.003	1515.24	.62
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	285	1,237	538,342.47	435.20	.004	1888.92	1.91
ANCILLARIES	399	0	1,596,643.37	.00	.000	4001.61	5.66
INPATIENT CROSSOVERS	913	5,595	849,145.34	151.77	.020	930.06	3.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	39,210	212,619	6,547,411.42	30.79	.753	166.98	23.19
MEDICAL	7,670	15,316	733,703.50	47.90	.054	95.66	2.60
SURGERY	2,520	3,902	155,519.31	39.86	.014	61.71	.55
PATHOLOGY	12,771	60,834	743,154.21	12.22	.215	58.19	2.63
RADIOLOGY	8,330	13,608	1,180,113.69	86.72	.048	141.67	4.18
ROOM USE	19,378	32,049	1,326,359.32	41.39	.114	68.45	4.70
CROSSOVERS/ALL OTH OUTPTNT	21,576	86,910	2,408,561.39	27.71	.308	111.63	8.53
@COUNTY HOSPITAL TOTAL	210	938	232,982.21	248.38	.003	1109.44	.83
CO HOSPITAL INPATIENT TOTAL	31	177	203,202.12	1148.03	.001	6554.91	.72
HSC HOSPITALS	31	176	201,886.94	1147.08	.001	6512.48	.72

NON-HSC HOSPITALS TOTAL	1	1	1,315.18	1315.18	.000	1315.18	.00
ACCOMMODATIONS	1	1	231.30	231.30	.000	231.30	.00
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	1,083.88	.00	.000	1083.88	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	186	761	29,780.09	39.13	.003	160.11	.11
MEDICAL	60	81	3,153.92	38.94	.000	52.57	.01
SURGERY	13	22	398.03	18.09	.000	30.62	.00
PATHOLOGY	58	266	3,593.15	13.51	.001	61.95	.01
RADIOLOGY	48	81	5,478.10	67.63	.000	114.13	.02
ROOM USE	107	134	5,033.10	37.56	.000	47.04	.02
CROSSOVERS/ALL OTH OUTPTNT	95	177	12,123.79	68.50	.001	127.62	.04

#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

AID CODE 60

PAGE 2,891 01/29/04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
282,295 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	41,427	240,124	\$ 35,492,168.77	\$ 147.81	.851	\$ 856.74	\$ 125.73
COMM HOSP INPATIENT TOTAL	4,538	28,266	28,974,537.44	1025.07	.100	6384.87	102.64
HSC HOSPITALS	3,338	20,655	25,815,954.15	1249.86	.073	7733.96	91.45
NON-HSC HOSPITALS TOTAL	398	2,016	2,309,437.95	1145.55	.007	5802.61	8.18
ACCOMMODATIONS	397	2,016	713,878.46	354.11	.007	1798.18	2.53
ADMINISTRATIVE DAYS	115	779	175,535.99	225.34	.003	1526.40	.62
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	285	1,237	538,342.47	435.20	.004	1888.92	1.91
ANCILLARIES	398	0	1,595,559.49	.00	.000	4008.94	5.65
INPATIENT CROSSOVERS	913	5,595	849,145.34	151.77	.020	930.06	3.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	39,065	211,858	6,517,631.33	30.76	.750	166.84	23.09
MEDICAL	7,613	15,235	730,549.58	47.95	.054	95.96	2.59
SURGERY	2,507	3,880	155,121.28	39.98	.014	61.88	.55
PATHOLOGY	12,722	60,568	739,561.06	12.21	.215	58.13	2.62
RADIOLOGY	8,287	13,527	1,174,635.59	86.84	.048	141.74	4.16
ROOM USE	19,295	31,915	1,321,326.22	41.40	.113	68.48	4.68
CROSSOVERS/ALL OTH OUTPTNT	21,494	86,733	2,396,437.60	27.63	.307	111.49	8.49
@STATE HOSPITAL	24	748	\$ 335,488.72	\$ 448.51	.003	\$ 13978.70	\$ 1.19
MENTALLY ILL	10	325	156,064.78	480.20	.001	15606.48	.55
DEVELOP. DISABLED	14	423	179,423.94	424.17	.001	12816.00	.64
@NURSING FACILITY	2,442	69,422	\$ 10,897,638.01	\$ 156.98	.246	\$ 4462.59	\$ 38.60
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	8	154	18,509.37	120.19	.001	2313.67	.07
LEV B-SUBACUTE FREESTANDING	86	2,751	989,438.51	359.67	.010	11505.10	3.50
LEV B-SUBACUTE HSPTL BASED	110	3,740	1,792,555.49	479.29	.013	16295.96	6.35
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,241	62,777	8,097,134.64	128.98	.222	3613.18	28.68
@INTERMEDIATE CARE FACIL.-DD	1,614	50,508	\$ 8,631,478.14	\$ 170.89	.179	\$ 5347.88	\$ 30.58
ICF DDH	695	21,580	3,217,324.73	149.09	.076	4629.24	11.40
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	919	28,928	5,414,153.41	187.16	.102	5891.35	19.18
@HEMODIALYSIS TOTAL	2,412	39,397	\$ 2,388,898.83	\$ 60.64	.140	\$ 990.42	\$ 8.46
HOSPITAL BASED	33	150	132,765.42	885.10	.001	4023.19	.47
HEMODIALYSIS CENTER	2,382	39,247	2,256,133.41	57.49	.139	947.16	7.99
@REHABILITATION FACILITY	1,995	13,540	\$ 258,367.67	\$ 19.08	.048	\$ 129.51	\$.92
HOSPITAL BASED	869	3,647	103,721.05	28.44	.013	119.36	.37
INDEPENDENT FACILITY	1,137	9,893	154,646.62	15.63	.035	136.01	.55
@LABORATORY FACILITY	11,164	70,242	\$ 753,758.64	\$ 10.73	.249	\$ 67.52	\$ 2.67

PATHOLOGY	11,118	70,134		752,714.49		10.73	.248	67.70	2.67
XO AND OTHERS	48	108		1,044.15		9.67	.000	21.75	.00
@ORGANIZED OUTPATIENT CLINIC	27,029	45,286	\$	3,001,023.13	\$	66.27	.160	\$ 111.03	\$ 10.63
CLINIC	995	3,123		59,769.19		19.14	.011	60.07	.21
SURGICENTER	665	2,738		137,406.49		50.18	.010	206.63	.49
HEROIN DETOX CLINIC	164	2,017		22,813.68		11.31	.007	139.11	.08
RURAL HEALTH CLINIC	25,312	37,408		2,781,033.77		74.34	.133	109.87	9.85

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,892
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
282,295 ELIGIBLES							
@ALL OTHER PROVIDERS	46,962	7,592,318	\$ 14,539,731.65	\$ 1.92	26.895	\$ 309.61	\$ 51.51
DURABLE MED. EQUIP.	3,238	11,400	2,765,164.50	242.56	.040	853.97	9.80
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	257	327	128,525.14	393.04	.001	500.10	.46
MEDICAL TRANSPORTATION	9,557	343,434	1,867,419.36	5.44	1.217	195.40	6.62
AMBULANCES/AIR TRANS	6,989	69,943	1,018,925.96	14.57	.248	145.79	3.61
OTHER TRANS	1,725	259,322	771,944.81	2.98	.919	447.50	2.73
OTHER SERVICES	1,165	14,169	76,548.59	5.40	.050	65.71	.27
ACUPUNCTURE	363	740	13,486.48	18.22	.003	37.15	.05
ADULT DAY HEALTH CARE CTR	3,688	52,688	3,657,153.35	69.41	.187	991.64	12.96
GENETIC DISEASE TESTING	97	97	9,856.00	101.61	.000	101.61	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	1,210	46,818	1,502,936.77	32.10	.166	1242.10	5.32
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8,700	20,021	271,575.38	13.56	.071	31.22	.96
PHYSICAL THERAPIST	5	31	529.06	17.07	.000	105.81	.00
PORTABLE X-RAY	142	458	9,192.68	20.07	.002	64.74	.03
PROSTHETIST/ORTHOTISTS	1,312	4,164	366,332.61	87.98	.015	279.22	1.30
PROSTHETICS	1,259	4,083	358,859.82	87.89	.014	285.04	1.27
ORTHOTICS	59	81	7,472.79	92.26	.000	126.66	.03
PSYCHOLOGIST	62	203	5,778.72	28.47	.001	93.21	.02
SPEECH AND AUDIOLOGY	2,095	8,054	382,258.76	47.46	.029	182.46	1.35
HOSPICE SERVICES	70	1,371	183,726.07	134.01	.005	2624.66	.65
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8,525	150,976	895,289.82	5.93	.535	105.02	3.17
EPSDT SUPPLEMENTAL SERVICE	100	34,154	835,285.59	24.46	.121	8352.86	2.96
RESPIRATORY CARE PRACT.	34	34	1,002.32	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12,534	6,917,382	1,645,221.36	.24	24.504	131.26	5.83
@CALIF. CHILDREN SERVICES*	9,811	1,065,430	\$ 17,053,603.41	\$ 16.01	3.774	\$ 1738.21	\$ 60.41
@XOVER EXCLUDING STATE HOSP**	36,322	550,888	\$ 5,371,905.44	\$ 9.75	1.951	\$ 147.90	\$ 19.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,893
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
90,617 ELIGIBLES							
@TOTAL, ALL PROVIDERS	171,203	952,555	\$ 34,151,963.10	\$ 35.85	10.512	\$ 199.48	\$ 376.88
@PHYSICIANS SERVICES	18,448	48,407	\$ 2,385,150.97	\$ 49.27	.534	\$ 129.29	\$ 26.32
OUTPATIENT VISITS	13,780	20,343	719,970.25	35.39	.224	52.25	7.95
OFFICE VISITS	8,624	10,687	352,032.14	32.94	.118	40.82	3.88
HOME VISITS	24	28	1,364.88	48.75	.000	56.87	.02
EMERGENCY ROOM	3,278	3,698	193,043.34	52.20	.041	58.89	2.13
PREVENTIVE CARE	101	103	4,200.75	40.78	.001	41.59	.05
OB VISITS/COMPRE PERI	825	3,793	100,010.22	26.37	.042	121.22	1.10

OTHER OUTPATIENT	1,739	2,034		69,318.92		34.08	.022	39.86	.76
INPATIENT VISITS	1,248	5,844		585,795.72		100.24	.064	469.39	6.46
HOSPITAL VISITS	1,071	3,543		191,443.00		54.03	.039	178.75	2.11
CRITICAL CARE	221	2,280		393,587.17		172.63	.025	1780.94	4.34
SNF/ICF/TRANS IP CARE	12	21		765.55		36.45	.000	63.80	.01
OPHTHALMOLOGICAL SERVICES	322	385		19,163.07		49.77	.004	59.51	.21
EXAMINATIONS	321	384		19,143.07		49.85	.004	59.64	.21
SERVICES AND MATERIALS	1	1		20.00		20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	816	4,097		486,631.36		118.78	.045	596.36	5.37
PRINCIPAL SURGEON	507	664		365,479.62		550.42	.007	720.87	4.03
ASSISTANT SURGEON	84	85		17,391.26		204.60	.001	207.04	.19
ANESTHESIOLOGIST	366	3,348		103,760.48		30.99	.037	283.50	1.15
OUTPATIENT SURGERY	1,095	2,226		176,625.59		79.35	.025	161.30	1.95
PRINCIPAL SURGEON	912	1,124		141,918.39		126.26	.012	155.61	1.57
ASSISTANT SURGEON	7	7		769.42		109.92	.000	109.92	.01
ANESTHESIOLOGIST	265	1,095		33,937.78		30.99	.012	128.07	.37
DIALYSIS	10	26		3,528.74		135.72	.000	352.87	.04
PATHOLOGY	1,984	3,892		68,800.54		17.68	.043	34.68	.76
RADIOLOGY	2,830	4,674		129,127.41		27.63	.052	45.63	1.42
PSYCHIATRY	5	6		178.62		29.77	.000	35.72	.00
IMMUNIZATION AND INJECTION	285	385		18,868.16		49.01	.004	66.20	.21
OTHER SERVICES/ALL X-OVERS	2,687	6,529		176,461.51		27.03	.072	65.67	1.95
@PHARMACY	21,219	110,725	\$	3,272,917.53	\$	29.56	1.222	\$ 154.24	\$ 36.12
PRESCRIPTION DRUGS	20,802	49,166		2,868,947.66		58.35	.543	137.92	31.66
SNF/ICF	77	374		59,064.52		157.93	.004	767.07	.65
OUTPATIENTS	20,753	48,792		2,809,883.14		57.59	.538	135.40	31.01
MEDICAL SUPPLIES	1,169	61,559		403,969.87		6.56	.679	345.57	4.46
@DENTIST	50,089	336,969	\$	9,116,002.41	\$	27.05	3.719	\$ 182.00	\$ 100.60
VISITS - DIAGNOSTIC	37,332	232,681		2,747,951.70		11.81	2.568	73.61	30.32
ORAL SURGERY	7,637	14,793		883,080.45		59.70	.163	115.63	9.75
DRUGS	1,823	2,573		54,221.25		21.07	.028	29.74	.60
ANESTHESIA	434	451		43,675.00		96.84	.005	100.63	.48
PERIODONTICS	1,790	1,872		211,767.75		113.12	.021	118.31	2.34
ENDODONTICS	4,281	7,437		883,930.19		118.86	.082	206.48	9.75
RESTORATIVE DENTISTRY	19,828	69,602		3,755,344.12		53.95	.768	189.40	41.44
PROSTHETICS	104	112		2,710.00		24.20	.001	26.06	.03
DENTURES, STAYPLATES	441	1,702		132,574.02		77.89	.019	300.62	1.46
SPACE MAINTAINERS	452	595		60,999.00		102.52	.007	134.95	.67
MAXILLOFACIAL SERVICES	320	323		33,838.35		104.76	.004	105.74	.37
FRACTURES, DISLOCATIONS	5	6		4,425.53		737.59	.000	885.11	.05
ORTHODONTIC SERVICES	3,028	3,643		297,701.06		81.72	.040	98.32	3.29
ALL OTHER SERVICES	720	1,179		3,783.99		3.21	.013	5.26	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
FRESNO COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G								

90,617 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	1,247	3,542	\$	83,457.05	\$ 23.56	.039	\$ 66.93	\$.92
DIAGNOSTIC AND ANC. PROCED	982	990		46,092.32	46.56	.011	46.94	.51
EYE APPLIANCES	871	2,535		36,795.01	14.51	.028	42.24	.41
OTHER OPTOMETRIC SERVICES	17	17		569.72	33.51	.000	33.51	.01
@CHIROPRACTOR	762	1,289	\$	21,363.94	\$ 16.57	.014	\$ 28.04	\$.24
VISITS	762	1,289		21,363.94	16.57	.014	28.04	.24
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	59	86	\$	3,527.24	\$ 41.01	.001	\$ 59.78	\$.04
MEDICINE/INJECTIONS	54	58		2,208.68	38.08	.001	40.90	.02
SURGERY/ANES.	4	4		60.00	15.00	.000	15.00	.00
RADIO./PATHOLOGY	4	6		103.80	17.30	.000	25.95	.00
OTHER	9	18		1,154.76	64.15	.000	128.31	.01

@HOME HEALTH AGENCY	104	323	\$	22,069.97	\$	68.33	.004	\$	212.21	\$	.24
NURSE ANESTHESIST	15	104	\$	2,039.87	\$	19.61	.001	\$	135.99	\$	.02
NURSE MIDWIFE	4	4	\$	1,217.93	\$	304.48	.000	\$	304.48	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	249	417	\$	10,369.56	\$	24.87	.005	\$	41.64	\$	.11
@TOTAL HOSPITAL	11,108	44,007	\$	12,251,525.99	\$	278.40	.486	\$	1102.95	\$	135.20
HOSP INPATIENT TOTAL	1,333	6,923		11,104,601.64		1604.02	.076		8330.53		122.54
HSC HOSPITALS	1,269	6,594		10,790,410.43		1636.40	.073		8503.08		119.08
NON-HSC HOSPITAL TOTAL	68	321		312,539.21		973.64	.004		4596.16		3.45
ACCOMMODATIONS	65	321		105,032.08		327.20	.004		1615.88		1.16
ADMINISTRATIVE DAYS	5	58		13,415.40		231.30	.001		2683.08		.15
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	60	263		91,616.68		348.35	.003		1526.94		1.01
ANCILLARIES	68	0		207,507.13		.00	.000		3051.58		2.29
INPATIENT CROSSOVERS	2	8		1,652.00		206.50	.000		826.00		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10,181	37,084		1,146,924.35		30.93	.409		112.65		12.66
MEDICAL	2,108	3,367		146,259.38		43.44	.037		69.38		1.61
SURGERY	973	1,385		54,417.70		39.29	.015		55.93		.60
PATHOLOGY	2,735	10,864		141,647.15		13.04	.120		51.79		1.56
RADIOLOGY	1,949	2,533		177,302.62		70.00	.028		90.97		1.96
ROOM USE	6,721	8,938		364,888.41		40.82	.099		54.29		4.03
CROSSOVERS/ALL OTH OUTPTNT	4,584	9,997		262,409.09		26.25	.110		57.24		2.90
@COUNTY HOSPITAL TOTAL	51	157	\$	31,978.43	\$	203.68	.002	\$	627.03	\$	.35
CO HOSPITAL INPATIENT TOTAL	7	21		26,828.01		1277.52	.000		3832.57		.30
HSC HOSPITALS	7	21		26,828.01		1277.52	.000		3832.57		.30
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	47	136		5,150.42		37.87	.002		109.58		.06
MEDICAL	18	20		1,077.28		53.86	.000		59.85		.01
SURGERY	3	4		391.31		97.83	.000		130.44		.00
PATHOLOGY	12	30		389.02		12.97	.000		32.42		.00
RADIOLOGY	13	15		615.10		41.01	.000		47.32		.01
ROOM USE	26	33		1,306.43		39.59	.000		50.25		.01
CROSSOVERS/ALL OTH OUTPTNT	19	34		1,371.28		40.33	.000		72.17		.02

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FRESNO COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

						----- MONTHLY AVERAGE -----		
90,617 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	11,060	43,850	\$ 12,219,547.56	\$ 278.67	.484	\$ 1104.84	\$ 134.85	
COMM HOSP INPATIENT TOTAL	1,326	6,902	11,077,773.63	1605.01	.076	8354.28	122.25	
HSC HOSPITALS	1,262	6,573	10,763,582.42	1637.54	.073	8528.99	118.78	
NON-HSC HOSPITALS TOTAL	68	321	312,539.21	973.64	.004	4596.16	3.45	
ACCOMMODATIONS	65	321	105,032.08	327.20	.004	1615.88	1.16	
ADMINISTRATIVE DAYS	5	58	13,415.40	231.30	.001	2683.08	.15	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	60	263	91,616.68	348.35	.003	1526.94	1.01	
ANCILLARIES	68	0	207,507.13	.00	.000	3051.58	2.29	
INPATIENT CROSSOVERS	2	8	1,652.00	206.50	.000	826.00	.02	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	10,137	36,948	1,141,773.93	30.90	.408	112.63	12.60	
MEDICAL	2,090	3,347	145,182.10	43.38	.037	69.47	1.60	

SURGERY	971	1,381		54,026.39	39.12	.015	55.64	.60
PATHOLOGY	2,724	10,834		141,258.13	13.04	.120	51.86	1.56
RADIOLOGY	1,937	2,518		176,687.52	70.17	.028	91.22	1.95
ROOM USE	6,697	8,905		363,581.98	40.83	.098	54.29	4.01
CROSSOVERS/ALL OTH OUTPTNT	4,566	9,963		261,037.81	26.20	.110	57.17	2.88
@STATE HOSPITAL	12	365	\$	164,166.98	\$ 449.77	.004	\$ 13680.58	\$ 1.81
MENTALLY ILL	12	365		164,166.98	449.77	.004	13680.58	1.81
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	8	286	\$	119,221.05	\$ 416.86	.003	\$ 14902.63	\$ 1.32
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	225		112,193.24	498.64	.002	22438.65	1.24
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3	61		7,027.81	115.21	.001	2342.60	.08
@INTERMEDIATE CARE FACIL.-DD	39	1,387	\$	248,726.28	\$ 179.33	.015	\$ 6377.60	\$ 2.74

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	39	1,387	248,726.28	179.33	.015	6377.60	2.74
@HEMODIALYSIS TOTAL	4	40	\$ 7,483.36	\$ 187.08	.000	\$ 1870.84	\$.08
HOSPITAL BASED	3	5	5,533.51	1106.70	.000	1844.50	.06
HEMODIALYSIS CENTER	2	35	1,949.85	55.71	.000	974.93	.02
@REHABILITATION FACILITY	385	1,544	\$ 44,765.88	\$ 28.99	.017	\$ 116.28	\$.49
HOSPITAL BASED	289	920	34,436.16	37.43	.010	119.16	.38
INDEPENDENT FACILITY	96	624	10,329.72	16.55	.007	107.60	.11
@LABORATORY FACILITY	1,885	7,526	\$ 101,075.39	\$ 13.43	.083	\$ 53.62	\$ 1.12
PATHOLOGY	1,883	7,523	100,896.89	13.41	.083	53.58	1.11
XO AND OTHERS	3	3	178.50	59.50	.000	59.50	.00
@ORGANIZED OUTPATIENT CLINIC	35,685	50,724	\$ 4,060,968.50	\$ 80.06	.560	\$ 113.80	\$ 44.81
CLINIC	522	2,070	44,663.08	21.58	.023	85.56	.49
SURGICENTER	42	235	9,521.90	40.52	.003	226.71	.11
HEROIN DETOX CLINIC	54	657	7,627.50	11.61	.007	141.25	.08
RURAL HEALTH CLINIC	35,087	47,762	3,999,156.02	83.73	.527	113.98	44.13
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FRESNO COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

	90,617 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	58,451	344,810	\$ 2,235,913.20	\$ 6.48	3.805	\$ 38.25	\$ 24.67	
DURABLE MED. EQUIP.	141	728	72,923.30	100.17	.008	517.19	.80	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	6	29	477.57	16.47	.000	79.60	.01	
MEDICAL TRANSPORTATION	1,059	15,606	164,891.21	10.57	.172	155.70	1.82	
AMBULANCES/AIR TRANS	1,056	15,436	155,946.58	10.10	.170	147.68	1.72	
OTHER TRANS	5	154	404.69	2.63	.002	80.94	.00	
OTHER SERVICES	8	16	8,539.94	533.75	.000	1067.49	.09	
ACUPUNCTURE	31	79	1,475.96	18.68	.001	47.61	.02	
ADULT DAY HEALTH CARE CTR	6	41	2,885.46	70.38	.000	480.91	.03	
GENETIC DISEASE TESTING	743	743	76,942.00	103.56	.008	103.56	.85	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	8,785	18,526	171,402.11	9.25	.204	19.51	1.89	
PHYSICAL THERAPIST	2	8	315.32	39.42	.000	157.66	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	93	197	24,603.42	124.89	.002	264.55	.27	
PROSTHETICS	61	160	20,921.60	130.76	.002	342.98	.23	
ORTHOTICS	37	37	3,681.82	99.51	.000	99.51	.04	
PSYCHOLOGIST	205	817	43,679.35	53.46	.009	213.07	.48	
SPEECH AND AUDIOLOGY	31	67	11,293.83	168.56	.001	364.32	.12	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	47,842	166,626	1,644,707.36	9.87	1.839	34.38	18.15	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	98	141,343	20,316.31	.14	1.560	207.31	.22	
@CALIF. CHILDREN SERVICES*	4,954	52,541	\$ 10,627,373.18	\$ 202.27	.580	\$ 2145.21	\$ 117.28	
@XOVER EXCLUDING STATE HOSP**	10	64	\$ 1,984.14	\$ 31.00	.001	\$ 198.41	\$.02	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,897
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FRESNO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL	

----- MONTHLY AVERAGE -----

486,554 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	497,686	20,072,426	\$ 238,050,091.08	\$ 11.86	41.254	\$ 478.31	\$ 489.26
@PHYSICIANS SERVICES	124,042	601,796	\$ 13,950,563.57	\$ 23.18	1.237	\$ 112.47	\$ 28.67
OUTPATIENT VISITS	68,622	105,295	3,603,229.81	34.22	.216	52.51	7.41
OFFICE VISITS	50,478	70,124	2,097,603.69	29.91	.144	41.55	4.31
HOME VISITS	376	493	20,479.32	41.54	.001	54.47	.04
EMERGENCY ROOM	12,663	15,969	950,273.86	59.51	.033	75.04	1.95
PREVENTIVE CARE	117	119	5,035.06	42.31	.000	43.03	.01
OB VISITS/COMPRI PERI	1,351	6,247	167,779.43	26.86	.013	124.19	.34
OTHER OUTPATIENT	9,548	12,343	362,058.45	29.33	.025	37.92	.74
INPATIENT VISITS	6,666	28,853	1,805,600.14	62.58	.059	270.87	3.71
HOSPITAL VISITS	5,181	21,901	1,035,958.96	47.30	.045	199.95	2.13
CRITICAL CARE	594	4,144	669,843.55	161.64	.009	1127.68	1.38
SNF/ICF/TRANS IP CARE	1,293	2,808	99,797.63	35.54	.006	77.18	.21
OPHTHALMOLOGICAL SERVICES	2,302	2,727	118,525.09	43.46	.006	51.49	.24
EXAMINATIONS	2,298	2,722	118,315.79	43.47	.006	51.49	.24
SERVICES AND MATERIALS	5	5	209.30	41.86	.000	41.86	.00
INPATIENT HOSPITAL SURGERY	2,862	14,764	1,539,874.78	104.30	.030	538.04	3.16
PRINCIPAL SURGEON	2,144	3,512	1,207,034.75	343.69	.007	562.98	2.48
ASSISTANT SURGEON	277	288	61,260.66	212.71	.001	221.16	.13
ANESTHESIOLOGIST	942	10,964	271,579.37	24.77	.023	288.30	.56
OUTPATIENT SURGERY	6,099	12,697	1,209,309.99	95.24	.026	198.28	2.49
PRINCIPAL SURGEON	5,445	7,001	1,071,805.05	153.09	.014	196.84	2.20
ASSISTANT SURGEON	33	33	4,001.24	121.25	.000	121.25	.01
ANESTHESIOLOGIST	950	5,663	133,503.70	23.57	.012	140.53	.27
DIALYSIS	586	2,259	173,284.57	76.71	.005	295.71	.36
PATHOLOGY	13,874	32,200	392,521.59	12.19	.066	28.29	.81
RADIOLOGY	17,861	35,104	1,231,235.21	35.07	.072	68.93	2.53
PSYCHIATRY	31	40	1,090.48	27.26	.000	35.18	.00
IMMUNIZATION AND INJECTION	4,880	41,855	903,330.12	21.58	.086	185.11	1.86
OTHER SERVICES/ALL X-OVERS	50,971	326,002	2,972,561.79	9.12	.670	58.32	6.11
@PHARMACY	282,849	7,607,442	\$ 95,360,386.47	\$ 12.54	15.635	\$ 337.14	\$ 195.99
PRESCRIPTION DRUGS	276,551	1,191,176	87,025,489.54	73.06	2.448	314.68	178.86
SNF/ICF	6,141	37,218	3,088,293.74	82.98	.076	502.90	6.35
OUTPATIENTS	271,120	1,153,958	83,937,195.80	72.74	2.372	309.59	172.51
MEDICAL SUPPLIES	42,685	6,416,266	8,334,896.93	1.30	13.187	195.27	17.13
@DENTIST	78,404	477,217	\$ 14,772,119.28	\$ 30.95	.981	\$ 188.41	\$ 30.36
VISITS - DIAGNOSTIC	55,685	317,235	3,679,468.98	11.60	.652	66.08	7.56
ORAL SURGERY	12,157	27,879	1,608,452.82	57.69	.057	132.31	3.31
DRUGS	2,005	2,949	60,380.75	20.47	.006	30.12	.12
ANESTHESIA	602	622	59,625.00	95.86	.001	99.04	.12
PERIODONTICS	5,411	5,761	683,319.00	118.61	.012	126.28	1.40
ENDODONTICS	5,699	9,487	1,300,167.19	137.05	.019	228.14	2.67
RESTORATIVE DENTISTRY	27,667	92,995	5,506,559.08	59.21	.191	199.03	11.32
PROSTHETICS	338	369	9,462.30	25.64	.001	27.99	.02
DENTURES, STAYPLATES	4,540	13,015	1,419,141.75	109.04	.027	312.59	2.92
SPACE MAINTAINERS	474	630	64,196.00	101.90	.001	135.43	.13
MAXILLOFACIAL SERVICES	388	403	40,897.81	101.48	.001	105.41	.08
FRACTURES, DISLOCATIONS	8	13	8,773.55	674.89	.000	1096.69	.02
ORTHODONTIC SERVICES	3,303	4,000	327,236.06	81.81	.008	99.07	.67
ALL OTHER SERVICES	1,173	1,859	4,438.99	2.39	.004	3.78	.01
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FRESNO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL						

486,554 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9,516	26,432	\$ 569,548.78	\$ 21.55	.054	\$ 59.85	\$ 1.17
DIAGNOSTIC AND ANC. PROCED	4,367	4,420	199,463.76	45.13	.009	45.68	.41

EYE APPLIANCES	6,888	19,813		330,956.17		16.70	.041	48.05	.68
OTHER OPTOMETRIC SERVICES	1,450	2,199		39,128.85		17.79	.005	26.99	.08
@CHIROPRACTOR	2,021	3,612	\$	59,209.20	\$	16.39	.007	29.30	.12
VISITS	1,924	3,441		57,132.04		16.60	.007	29.69	.12
OTHER SERVICES	103	171		2,077.16		12.15	.000	20.17	.00
@PODIATRIST	5,860	8,247	\$	161,871.54	\$	19.63	.017	27.62	.33
MEDICINE/INJECTIONS	2,473	2,742		70,513.85		25.72	.006	28.51	.14
SURGERY/ANES.	71	82		6,152.32		75.03	.000	86.65	.01
RADIO./PATHOLOGY	141	174		3,040.64		17.47	.000	21.56	.01
OTHER	3,477	5,249		82,164.73		15.65	.011	23.63	.17
@HOME HEALTH AGENCY	1,223	67,917	\$	2,199,738.67	\$	32.39	.140	1798.64	4.52
NURSE ANESTHESIST	142	778	\$	8,557.20	\$	11.00	.002	60.26	.02
NURSE MIDWIFE	4	4	\$	1,217.93	\$	304.48	.000	304.48	.00
PEDIATRIC NURSE PRACTITIONER	12	17	\$	531.17	\$	31.25	.000	44.26	.00
FAMILY NURSE PRACTITIONER	1,525	3,846	\$	66,048.32	\$	17.17	.008	43.31	.14
@TOTAL HOSPITAL	61,565	320,997	\$	53,620,198.19	\$	167.04	.660	870.95	110.20
HOSP INPATIENT TOTAL	7,186	42,735		45,106,686.51		1055.50	.088	6277.02	92.71
HSC HOSPITALS	5,251	31,356		40,747,236.37		1299.50	.064	7759.90	83.75
NON-HSC HOSPITAL TOTAL	550	2,773		3,054,324.43		1101.45	.006	5553.32	6.28
ACCOMMODATIONS	546	2,773		964,537.58		347.83	.006	1766.55	1.98
ADMINISTRATIVE DAYS	152	1,030		229,429.25		222.75	.002	1509.40	.47
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	397	1,743		735,108.33		421.75	.004	1851.66	1.51
ANCILLARIES	550	0		2,089,786.85		.00	.000	3799.61	4.30
INPATIENT CROSSOVERS	1,530	8,606		1,305,125.71		151.65	.018	853.02	2.68
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	57,573	278,262		8,513,511.68		30.60	.572	147.87	17.50
MEDICAL	10,053	19,179		904,155.40		47.14	.039	89.94	1.86
SURGERY	3,589	5,433		216,874.89		39.92	.011	60.43	.45
PATHOLOGY	15,930	73,597		908,651.63		12.35	.151	57.04	1.87
RADIOLOGY	10,603	16,683		1,408,663.58		84.44	.034	132.86	2.90
ROOM USE	26,690	41,923		1,730,542.99		41.28	.086	64.84	3.56
CROSSOVERS/ALL OTH OUTPTNT	33,673	121,447		3,344,623.19		27.54	.250	99.33	6.87
@COUNTY HOSPITAL TOTAL	278	1,145	\$	275,994.67	\$	241.04	.002	992.79	.57
CO HOSPITAL INPATIENT TOTAL	41	205		237,712.29		1159.57	.000	5797.86	.49
HSC HOSPITALS	41	204		236,397.11		1158.81	.000	5765.78	.49
NON-HSC HOSPITALS TOTAL	1	1		1,315.18		1315.18	.000	1315.18	.00
ACCOMMODATIONS	1	1		231.30		231.30	.000	231.30	.00
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	1	0		1,083.88		.00	.000	1083.88	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	248	940		38,282.38		40.73	.002	154.36	.08
MEDICAL	78	101		4,231.20		41.89	.000	54.25	.01
SURGERY	16	26		789.34		30.36	.000	49.33	.00
PATHOLOGY	72	301		4,029.76		13.39	.001	55.97	.01
RADIOLOGY	62	97		6,132.92		63.23	.000	98.92	.01
ROOM USE	135	169		6,425.40		38.02	.000	47.60	.01
CROSSOVERS/ALL OTH OUTPTNT	129	246		16,673.76		67.78	.001	129.25	.03

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FRESNO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	486,554 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	61,340	319,852	\$	53,344,203.52	\$ 166.78	.657	\$ 869.65	\$ 109.64
COMM HOSP INPATIENT TOTAL	7,147	42,530		44,868,974.22	1055.00	.087	6278.02	92.22
HSC HOSPITALS	5,211	31,152		40,510,839.26	1300.42	.064	7774.10	83.26

NON-HSC HOSPITALS TOTAL	549	2,772		3,053,009.25	1101.37	.006	5561.04	6.27
ACCOMMODATIONS	545	2,772		964,306.28	347.87	.006	1769.37	1.98
ADMINISTRATIVE DAYS	151	1,029		229,197.95	222.74	.002	1517.87	.47
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	397	1,743		735,108.33	421.75	.004	1851.66	1.51
ANCILLARIES	549	0		2,088,702.97	.00	.000	3804.56	4.29
INPATIENT CROSSOVERS	1,530	8,606		1,305,125.71	151.65	.018	853.02	2.68
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	57,370	277,322		8,475,229.30	30.56	.570	147.73	17.42
MEDICAL	9,978	19,078		899,924.20	47.17	.039	90.19	1.85
SURGERY	3,574	5,407		216,085.55	39.96	.011	60.46	.44
PATHOLOGY	15,868	73,296		904,621.87	12.34	.151	57.01	1.86
RADIOLOGY	10,547	16,586		1,402,530.66	84.56	.034	132.98	2.88
ROOM USE	26,581	41,754		1,724,117.59	41.29	.086	64.86	3.54
CROSSOVERS/ALL OTH OUTPTNT	33,559	121,201		3,327,949.43	27.46	.249	99.17	6.84
@STATE HOSPITAL	36	1,113	\$	499,655.70	\$ 448.93	.002	\$ 13879.33	\$ 1.03
MENTALLY ILL	22	690		320,231.76	464.10	.001	14555.99	.66
DEVELOP. DISABLED	14	423		179,423.94	424.17	.001	12816.00	.37
@NURSING FACILITY	3,679	98,966	\$	15,291,982.80	\$ 154.52	.203	\$ 4156.56	\$ 31.43
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	8	154		18,509.37	120.19	.000	2313.67	.04
LEV B-SUBACUTE FREESTANDING	97	3,131		1,130,693.72	361.13	.006	11656.64	2.32
LEV B-SUBACUTE HSPTL BASED	124	4,363		2,134,808.36	489.30	.009	17216.20	4.39
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3,453	91,318		12,007,971.35	131.50	.188	3477.55	24.68
@INTERMEDIATE CARE FACIL.-DD	1,705	53,475	\$	9,132,286.05	\$ 170.78	.110	\$ 5356.18	\$ 18.77
ICF DDH	730	22,667		3,379,452.72	149.09	.047	4629.39	6.95
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	975	30,808		5,752,833.33	186.73	.063	5900.34	11.82
@HEMODIALYSIS TOTAL	3,315	42,389	\$	2,945,636.64	\$ 69.49	.087	\$ 888.58	\$ 6.05
HOSPITAL BASED	37	156		138,491.63	887.77	.000	3743.02	.28
HEMODIALYSIS CENTER	3,283	42,233		2,807,145.01	66.47	.087	855.05	5.77
@REHABILITATION FACILITY	2,453	15,548	\$	311,207.20	\$ 20.02	.032	\$ 126.87	\$.64
HOSPITAL BASED	1,178	4,648		140,144.25	30.15	.010	118.97	.29
INDEPENDENT FACILITY	1,286	10,900		171,062.95	15.69	.022	133.02	.35
@LABORATORY FACILITY	13,574	81,378	\$	888,109.61	\$ 10.91	.167	\$ 65.43	\$ 1.83
PATHOLOGY	13,496	81,196		886,443.57	10.92	.167	65.68	1.82
XO AND OTHERS	81	182		1,666.04	9.15	.000	20.57	.00
@ORGANIZED OUTPATIENT CLINIC	70,728	110,110	\$	7,559,029.30	\$ 68.65	.226	\$ 106.87	\$ 15.54
CLINIC	1,635	5,874		116,555.09	19.84	.012	71.29	.24
SURGICENTER	899	3,353		185,106.79	55.21	.007	205.90	.38
HEROIN DETOX CLINIC	230	2,826		32,182.48	11.39	.006	139.92	.07
RURAL HEALTH CLINIC	68,117	98,057		7,225,184.94	73.68	.202	106.07	14.85
#CALIF DEPT OF HEALTH SERV								
MOP024								
FRESNO COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,900
FEE-FOR-SERVICE/DENTAL 01/29/04
SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	486,554 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	120,444		10,551,108	\$ 20,651,191.14	\$ 1.96	21.685	\$ 171.46	\$ 42.44
DURABLE MED. EQUIP.	3,760		13,102	3,024,641.43	230.85	.027	804.43	6.22
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	517		651	269,109.92	413.38	.001	520.52	.55
MEDICAL TRANSPORTATION	12,532		527,289	2,573,347.68	4.88	1.084	205.34	5.29
AMBULANCES/AIR TRANS	8,496		89,656	1,238,093.33	13.81	.184	145.73	2.54
OTHER TRANS	2,685		417,502	1,220,577.72	2.92	.858	454.59	2.51
OTHER SERVICES	1,785		20,131	114,676.63	5.70	.041	64.24	.24
ACUPUNCTURE	467		980	18,006.26	18.37	.002	38.56	.04
ADULT DAY HEALTH CARE CTR	5,288		77,327	5,365,972.85	69.39	.159	1014.75	11.03
GENETIC DISEASE TESTING	843		843	87,113.00	103.34	.002	103.34	.18

IHMC,MODEL-NF,NF,AIDS,MSSP	2,335	51,487	1,837,985.01	35.70	.106	787.15	3.78
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	20,644	45,831	558,368.35	12.18	.094	27.05	1.15
PHYSICAL THERAPIST	8	46	1,169.65	25.43	.000	146.21	.00
PORTABLE X-RAY	181	560	9,502.12	16.97	.001	52.50	.02
PROSTHETIST/ORTHOTISTS	1,779	5,219	422,492.78	80.95	.011	237.49	.87
PROSTHETICS	1,690	5,097	411,021.24	80.64	.010	243.21	.84
ORTHOTICS	100	122	11,471.54	94.03	.000	114.72	.02
PSYCHOLOGIST	269	1,028	49,755.16	48.40	.002	184.96	.10
SPEECH AND AUDIOLOGY	2,605	9,022	457,355.07	50.69	.019	175.57	.94
HOSPICE SERVICES	98	1,869	244,279.51	130.70	.004	2492.65	.50
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	56,561	333,782	2,613,735.17	7.83	.686	46.21	5.37
EPSDT SUPPLEMENTAL SERVICE	101	34,480	844,873.25	24.50	.071	8365.08	1.74
RESPIRATORY CARE PRACT.	34	34	1,002.32	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	19,950	9,447,592		2,273,483.93		.24	19.417		113.96		4.67
@CALIF. CHILDREN SERVICES*	15,114	1,148,255	\$	28,121,206.60	\$	24.49	2.360	\$	1860.61	\$	57.80
@XOVER EXCLUDING STATE HOSP**	64,876	927,147	\$	9,003,880.78	\$	9.71	1.906	\$	138.79	\$	18.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,901
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS	AID CODES 47 69	

7,779 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,601	19,913	\$ 3,738,978.47	\$ 187.77	2.560	\$ 667.56	\$ 480.65
@PHYSICIANS SERVICES	1,756	6,314	\$ 392,400.51	\$ 62.15	.812	\$ 223.46	\$ 50.44
OUTPATIENT VISITS	1,314	1,781	66,051.49	37.09	.229	50.27	8.49
OFFICE VISITS	838	1,085	34,089.49	31.42	.139	40.68	4.38
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	349	398	22,214.12	55.81	.051	63.65	2.86
PREVENTIVE CARE	23	25	966.26	38.65	.003	42.01	.12
OB VISITS/COMPRE PERI	3	14	323.09	23.08	.002	107.70	.04
OTHER OUTPATIENT	195	259	8,458.53	32.66	.033	43.38	1.09
INPATIENT VISITS	253	1,904	207,672.54	109.07	.245	820.84	26.70
HOSPITAL VISITS	211	934	50,140.09	53.68	.120	237.63	6.45
CRITICAL CARE	62	970	157,532.45	162.40	.125	2540.85	20.25
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	22	34	1,482.95	43.62	.004	67.41	.19
EXAMINATIONS	22	34	1,482.95	43.62	.004	67.41	.19
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	79	516	64,989.74	125.95	.066	822.65	8.35
PRINCIPAL SURGEON	54	93	48,722.83	523.90	.012	902.27	6.26
ASSISTANT SURGEON	5	5	1,986.71	397.34	.001	397.34	.26
ANESTHESIOLOGIST	41	418	14,280.20	34.16	.054	348.30	1.84
OUTPATIENT SURGERY	83	154	11,880.30	77.14	.020	143.14	1.53
PRINCIPAL SURGEON	69	86	9,496.05	110.42	.011	137.62	1.22
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	19	68	2,384.25	35.06	.009	125.49	.31
DIALYSIS	4	18	1,814.58	100.81	.002	453.65	.23
PATHOLOGY	39	550	2,517.18	4.58	.071	64.54	.32
RADIOLOGY	274	555	10,067.12	18.14	.071	36.74	1.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	15	790.17	52.68	.002	56.44	.10
OTHER SERVICES/ALL X-OVERS	382	787	25,134.44	31.94	.101	65.80	3.23
@PHARMACY	1,529	3,932	\$ 124,181.89	\$ 31.58	.505	\$ 81.22	\$ 15.96
PRESCRIPTION DRUGS	1,486	3,192	109,470.15	34.30	.410	73.67	14.07
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,486	3,192	109,470.15	34.30	.410	73.67	14.07
MEDICAL SUPPLIES	128	740	14,711.74	19.88	.095	114.94	1.89
@DENTIST	14	40	\$ 1,704.11	\$ 42.60	.005	\$ 121.72	\$.22
VISITS - DIAGNOSTIC	12	25	548.00	21.92	.003	45.67	.07
ORAL SURGERY	2	2	90.00	45.00	.000	45.00	.01
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	2	142.00	71.00	.000	142.00	.02
RESTORATIVE DENTISTRY	2	10	770.00	77.00	.001	385.00	.10
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	154.11	154.11	.000	154.11	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,902
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	7,779 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	5	\$	101.71	\$ 20.34	.001	\$ 50.86	\$.01
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.000	47.45	.01
EYE APPLIANCES	1	3		42.85	14.28	.000	42.85	.01
OTHER OPTOMETRIC SERVICES	1	1		11.41	11.41	.000	11.41	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$	55.64	\$ 55.64	.000	\$ 55.64	\$.01
MEDICINE/INJECTIONS	1	1		55.64	55.64	.000	55.64	.01
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	31	49	\$	3,065.20	\$ 62.56	.006	\$ 98.88	\$.39
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	11	14	\$	447.81	\$ 31.99	.002	\$ 40.71	\$.06
@TOTAL HOSPITAL	995	4,440	\$	2,836,559.49	\$ 638.86	.571	\$ 2850.81	\$ 364.64
HOSP INPATIENT TOTAL	188	1,553		2,747,793.84	1769.35	.200	14615.92	353.23
HSC HOSPITALS	185	1,546		2,741,033.88	1772.98	.199	14816.40	352.36
NON-HSC HOSPITAL TOTAL	3	7		6,759.96	965.71	.001	2253.32	.87
ACCOMMODATIONS	3	7		2,701.59	385.94	.001	900.53	.35
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	7		2,701.59	385.94	.001	900.53	.35
ANCILLARIES	3	0		4,058.37	.00	.000	1352.79	.52
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	846	2,887		88,765.65	30.75	.371	104.92	11.41
MEDICAL	204	310		15,373.89	49.59	.040	75.36	1.98
SURGERY	115	168		7,528.71	44.81	.022	65.47	.97
PATHOLOGY	226	841		8,702.42	10.35	.108	38.51	1.12
RADIOLOGY	190	225		12,668.34	56.30	.029	66.68	1.63
ROOM USE	679	907		35,652.33	39.31	.117	52.51	4.58
CROSSOVERS/ALL OTH OUTPTNT	274	436		8,839.96	20.28	.056	32.26	1.14
@COUNTY HOSPITAL TOTAL	3	15	\$	282.63	\$ 18.84	.002	\$ 94.21	\$.04
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	15		282.63	18.84	.002	94.21	.04
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	7		93.80	13.40	.001	46.90	.01
RADIOLOGY	1	1		24.56	24.56	.000	24.56	.00
ROOM USE	3	3		100.59	33.53	.000	33.53	.01

7,779 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	992	4,425	\$ 2,836,276.86	\$ 640.97	.569	\$ 2859.15	\$ 364.61
COMM HOSP INPATIENT TOTAL	188	1,553	2,747,793.84	1769.35	.200	14615.92	353.23
HSC HOSPITALS	185	1,546	2,741,033.88	1772.98	.199	14816.40	352.36
NON-HSC HOSPITALS TOTAL	3	7	6,759.96	965.71	.001	2253.32	.87
ACCOMMODATIONS	3	7	2,701.59	385.94	.001	900.53	.35
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	7	2,701.59	385.94	.001	900.53	.35
ANCILLARIES	3	0	4,058.37	.00	.000	1352.79	.52
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	843	2,872	88,483.02	30.81	.369	104.96	11.37
MEDICAL	204	310	15,373.89	49.59	.040	75.36	1.98
SURGERY	115	168	7,528.71	44.81	.022	65.47	.97
PATHOLOGY	224	834	8,608.62	10.32	.107	38.43	1.11
RADIOLOGY	189	224	12,643.78	56.45	.029	66.90	1.63
ROOM USE	676	904	35,551.74	39.33	.116	52.59	4.57
CROSSOVERS/ALL OTH OUTPTNT	271	432	8,776.28	20.32	.056	32.38	1.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	15	34	\$ 1,187.79	\$ 34.94	.004	\$ 79.19	\$.15
HOSPITAL BASED	13	26	1,075.59	41.37	.003	82.74	.14
INDEPENDENT FACILITY	2	8	112.20	14.03	.001	56.10	.01
@LABORATORY FACILITY	59	121	\$ 1,594.30	\$ 13.18	.016	\$ 27.02	\$.20
PATHOLOGY	59	121	1,594.30	13.18	.016	27.02	.20
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,637	3,910	\$ 362,164.86	\$ 92.63	.503	\$ 137.34	\$ 46.56
CLINIC	6	6	182.62	30.44	.001	30.44	.02
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,631	3,904	361,982.24	92.72	.502	137.58	46.53

7,779 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	65	1,053	\$ 15,515.16	\$ 14.73	.135	\$ 238.69	\$ 1.99

DURABLE MED. EQUIP.	4	5	744.67	148.93	.001	186.17	.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	47	1,003	12,435.72	12.40	.129	264.59	1.60
AMBULANCES/AIR TRANS	47	1,002	10,635.72	10.61	.129	226.29	1.37
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.23
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	233.00	46.60	.001	46.60	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	33.28	8.32	.001	16.64	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	14	1,032.35	73.74	.002	258.09	.13
PROSTHETICS	4	14	1,032.35	73.74	.002	258.09	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	803.10	401.55	.000	803.10	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	20	233.04	11.65	.003	77.68	.03
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	455	7,410	\$ 2,526,785.92	\$ 341.00	.953	\$ 5553.38	\$ 324.82
@XOVER EXCLUDING STATE HOSP**	1	4	\$ 295.71	\$ 73.93	.001	\$ 295.71	\$.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,905
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	23,099 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	18,386	129,068	\$	11,155,273.04	\$ 86.43	5.588	\$ 606.73	\$ 482.93
@PHYSICIANS SERVICES	11,444	57,836	\$	2,717,863.14	\$ 46.99	2.504	\$ 237.49	\$ 117.66
OUTPATIENT VISITS	7,084	35,535		751,971.21	21.16	1.538	106.15	32.55
OFFICE VISITS	953	1,122		42,717.89	38.07	.049	44.82	1.85
HOME VISITS	1	1		53.68	53.68	.000	53.68	.00
EMERGENCY ROOM	623	671		40,006.78	59.62	.029	64.22	1.73
PREVENTIVE CARE	6	6		284.74	47.46	.000	47.46	.01
OB VISITS/COMPRE PERI	5,912	33,592		665,607.85	19.81	1.454	112.59	28.82
OTHER OUTPATIENT	130	143		3,300.27	23.08	.006	25.39	.14
INPATIENT VISITS	1,653	3,786		211,848.05	55.96	.164	128.16	9.17
HOSPITAL VISITS	1,602	3,220		140,901.41	43.76	.139	87.95	6.10
CRITICAL CARE	62	566		70,946.64	125.35	.025	1144.30	3.07
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	6		215.71	35.95	.000	43.14	.01
EXAMINATIONS	5	6		215.71	35.95	.000	43.14	.01
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2,184	5,548		1,231,680.31	222.00	.240	563.96	53.32
PRINCIPAL SURGEON	1,572	1,620		1,059,640.12	654.10	.070	674.07	45.87
ASSISTANT SURGEON	352	352		63,715.06	181.01	.015	181.01	2.76
ANESTHESIOLOGIST	639	3,576		108,325.13	30.29	.155	169.52	4.69
OUTPATIENT SURGERY	811	1,792		110,529.70	61.68	.078	136.29	4.79
PRINCIPAL SURGEON	730	1,064		96,630.37	90.82	.046	132.37	4.18

ASSISTANT SURGEON	2	2		306.50	153.25	.000	153.25	.01
ANESTHESIOLOGIST	262	726		13,592.83	18.72	.031	51.88	.59
DIALYSIS	4	21		1,515.36	72.16	.001	378.84	.07
PATHOLOGY	2,637	5,498		130,676.88	23.77	.238	49.56	5.66
RADIOLOGY	3,053	3,726		202,010.51	54.22	.161	66.17	8.75
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	379	531		16,874.85	31.78	.023	44.52	.73
OTHER SERVICES/ALL X-OVERS	883	1,393		60,540.56	43.46	.060	68.56	2.62
@PHARMACY	5,892	16,068	\$	329,569.79	20.51	.696	55.94	\$ 14.27
PRESCRIPTION DRUGS	5,645	11,584		277,065.13	23.92	.501	49.08	11.99
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	5,645	11,584		277,065.13	23.92	.501	49.08	11.99
MEDICAL SUPPLIES	544	4,484		52,504.66	11.71	.194	96.52	2.27
@DENTIST	77	302	\$	4,463.00	14.78	.013	57.96	\$.19
VISITS - DIAGNOSTIC	61	215		1,509.00	7.02	.009	24.74	.07
ORAL SURGERY	24	39		1,312.00	33.64	.002	54.67	.06

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	7	7	758.00	108.29	.000	108.29	.03
ENDODONTICS	5	6	242.00	40.33	.000	48.40	.01
RESTORATIVE DENTISTRY	11	35	642.00	18.34	.002	58.36	.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,906
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

23,099 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2	\$ 67.03	\$ 33.52	.000	\$ 67.03	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	67.03	33.52	.000	67.03	.00
@HOME HEALTH AGENCY	70	173	\$ 11,646.08	\$ 67.32	.007	\$ 166.37	\$.50
NURSE ANESTHESIST	134	680	\$ 16,844.04	\$ 24.77	.029	\$ 125.70	\$.73
NURSE MIDWIFE	12	68	\$ 5,859.97	\$ 86.18	.003	\$ 488.33	\$.25
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	6,415	27,876	\$ 6,680,198.42	\$ 239.64	1.207	\$ 1041.34	\$ 289.20
HOSP INPATIENT TOTAL	1,878	5,451	6,173,113.83	1132.47	.236	3287.07	267.25
HSC HOSPITALS	1,511	4,281	4,911,910.49	1147.37	.185	3250.77	212.65
NON-HSC HOSPITAL TOTAL	376	1,170	1,261,203.34	1077.95	.051	3354.26	54.60
ACCOMMODATIONS	368	1,170	413,216.76	353.18	.051	1122.87	17.89
ADMINISTRATIVE DAYS	5	40	9,280.98	232.02	.002	1856.20	.40
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	363	1,130	403,935.78	357.47	.049	1112.77	17.49
ANCILLARIES	376	0	847,986.58	.00	.000	2255.28	36.71
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,548	22,425	507,084.59	22.61	.971	91.40	21.95
MEDICAL	461	612	30,051.84	49.10	.026	65.19	1.30
SURGERY	437	756	20,571.34	27.21	.033	47.07	.89
PATHOLOGY	2,712	7,934	101,148.08	12.75	.343	37.30	4.38
RADIOLOGY	817	900	62,509.58	69.46	.039	76.51	2.71
ROOM USE	2,597	4,435	174,375.18	39.32	.192	67.14	7.55
CROSSOVERS/ALL OTH OUTPTNT	2,769	7,788	118,428.57	15.21	.337	42.77	5.13
@COUNTY HOSPITAL TOTAL	3	19	\$ 754.11	\$ 39.69	.001	\$ 251.37	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	19	754.11	39.69	.001	251.37	.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	2	57.32	28.66	.000	57.32	.00
PATHOLOGY	1	6	128.49	21.42	.000	128.49	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	5	292.98	58.60	.000	97.66	.01
CROSSOVERS/ALL OTH OUTPTNT	1	6	275.32	45.89	.000	275.32	.01

#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

PAGE 2,907 01/29/04

	23,099 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,412	27,857	\$	6,679,444.31	\$ 239.78	1.206	\$ 1041.71	\$ 289.17
COMM HOSP INPATIENT TOTAL	1,878	5,451		6,173,113.83	1132.47	.236	3287.07	267.25
HSC HOSPITALS	1,511	4,281		4,911,910.49	1147.37	.185	3250.77	212.65
NON-HSC HOSPITALS TOTAL	376	1,170		1,261,203.34	1077.95	.051	3354.26	54.60
ACCOMMODATIONS	368	1,170		413,216.76	353.18	.051	1122.87	17.89
ADMINISTRATIVE DAYS	5	40		9,280.98	232.02	.002	1856.20	.40
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	363	1,130		403,935.78	357.47	.049	1112.77	17.49
ANCILLARIES	376	0		847,986.58	.00	.000	2255.28	36.71
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,545	22,406		506,330.48	22.60	.970	91.31	21.92
MEDICAL	461	612		30,051.84	49.10	.026	65.19	1.30
SURGERY	436	754		20,514.02	27.21	.033	47.05	.89
PATHOLOGY	2,711	7,928		101,019.59	12.74	.343	37.26	4.37
RADIOLOGY	817	900		62,509.58	69.46	.039	76.51	2.71
ROOM USE	2,594	4,430		174,082.20	39.30	.192	67.11	7.54
CROSSOVERS/ALL OTH OUTPTNT	2,768	7,782		118,153.25	15.18	.337	42.69	5.12
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	7	\$	211.11	\$ 30.16	.000	\$ 105.56	\$.01
HOSPITAL BASED	2	7		211.11	30.16	.000	105.56	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3,004	9,285	\$	120,904.38	\$ 13.02	.402	\$ 40.25	\$ 5.23
PATHOLOGY	2,982	9,257		119,238.38	12.88	.401	39.99	5.16
XO AND OTHERS	28	28		1,666.00	59.50	.001	59.50	.07
@ORGANIZED OUTPATIENT CLINIC	3,607	10,515	\$	1,026,568.52	\$ 97.63	.455	\$ 284.60	\$ 44.44
CLINIC	392	2,074		47,653.83	22.98	.090	121.57	2.06

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,243	8,441	978,914.69	115.97	.365	301.85	42.38

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,908
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
23,099 ELIGIBLES							
@ALL OTHER PROVIDERS	1,919	6,256	\$ 241,077.56	\$ 38.54	.271	\$ 125.63	\$ 10.44
DURABLE MED. EQUIP.	152	156	9,717.46	62.29	.007	63.93	.42
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	284	3,747	49,008.53	13.08	.162	172.57	2.12
AMBULANCES/AIR TRANS	284	3,743	42,858.53	11.45	.162	150.91	1.86
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	4	6,150.00	1537.50	.000	1537.50	.27
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1,011	1,015	104,260.00	102.72	.044	103.13	4.51
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	45	158	7,774.76	49.21	.007	172.77	.34
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	587	1,180	70,316.81	59.59	.051	119.79	3.04
PROSTHETICS	184	674	24,778.39	36.76	.029	134.67	1.07
ORTHOTICS	497	506	45,538.42	90.00	.022	91.63	1.97
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	98	1,408	\$ 748,741.58	\$ 531.78	.061	\$ 7640.22	\$ 32.41
@XOVER EXCLUDING STATE HOSP**	7	12	\$ 216.29	\$ 18.02	.001	\$ 30.90	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,909
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
801 ELIGIBLES							
@TOTAL, ALL PROVIDERS	212	839	\$ 34,249.85	\$ 40.82	1.047	\$ 161.56	\$ 42.76
@PHYSICIANS SERVICES	106	349	\$ 12,619.30	\$ 36.16	.436	\$ 119.05	\$ 15.75
OUTPATIENT VISITS	68	174	3,992.46	22.95	.217	58.71	4.98
OFFICE VISITS	17	21	514.02	24.48	.026	30.24	.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	10	497.03	49.70	.012	55.23	.62
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	38	136	2,837.83	20.87	.170	74.68	3.54
OTHER OUTPATIENT	7	7	143.58	20.51	.009	20.51	.18
INPATIENT VISITS	2	3	137.36	45.79	.004	68.68	.17
HOSPITAL VISITS	2	3	137.36	45.79	.004	68.68	.17
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	6		1,726.85		287.81	.007	575.62	2.16
PRINCIPAL SURGEON	2	2		1,632.84		816.42	.002	816.42	2.04
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		94.01		23.50	.005	94.01	.12
OUTPATIENT SURGERY	23	41		3,806.00		92.83	.051	165.48	4.75
PRINCIPAL SURGEON	19	23		3,351.69		145.73	.029	176.40	4.18
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	12	18		454.31		25.24	.022	37.86	.57
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	37	85		1,442.18		16.97	.106	38.98	1.80
RADIOLOGY	14	14		756.66		54.05	.017	54.05	.94
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	17		362.29		21.31	.021	32.94	.45
OTHER SERVICES/ALL X-OVERS	3	9		395.50		43.94	.011	131.83	.49
@PHARMACY	73	135	\$	4,831.58	\$	35.79	.169	66.19	\$ 6.03
PRESCRIPTION DRUGS	69	128		4,608.41		36.00	.160	66.79	5.75
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	69	128		4,608.41		36.00	.160	66.79	5.75
MEDICAL SUPPLIES	7	7		223.17		31.88	.009	31.88	.28
@DENTIST	1	1	\$	.00	\$	.00	.001	.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		.00		.00	.001	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,910
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

801 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 21.31	\$ 21.31	.001	\$ 21.31	\$.03
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	1	21.31	21.31	.001	21.31	.03
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	56	259	\$	13,157.69	\$	50.80	.323	\$	234.96	\$	16.43
HOSP INPATIENT TOTAL	3	6		6,150.01		1025.00	.007		2050.00		7.68
HSC HOSPITALS	3	6		6,150.01		1025.00	.007		2050.00		7.68
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	53	253		7,007.68		27.70	.316		132.22		8.75
MEDICAL	6	7		278.23		39.75	.009		46.37		.35
SURGERY	7	7		520.73		74.39	.009		74.39		.65
PATHOLOGY	29	75		1,008.02		13.44	.094		34.76		1.26

RADIOLOGY	4	5	202.50	40.50	.006	50.63	.25
ROOM USE	36	71	3,496.26	49.24	.089	97.12	4.36
CROSSOVERS/ALL OTH OUTPTNT	28	88	1,501.94	17.07	.110	53.64	1.88
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,911
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

801 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	56	259	\$ 13,157.69	\$ 50.80	.323	\$ 234.96	\$ 16.43
COMM HOSP INPATIENT TOTAL	3	6	6,150.01	1025.00	.007	2050.00	7.68
HSC HOSPITALS	3	6	6,150.01	1025.00	.007	2050.00	7.68
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	53	253	7,007.68	27.70	.316	132.22	8.75
MEDICAL	6	7	278.23	39.75	.009	46.37	.35
SURGERY	7	7	520.73	74.39	.009	74.39	.65
PATHOLOGY	29	75	1,008.02	13.44	.094	34.76	1.26
RADIOLOGY	4	5	202.50	40.50	.006	50.63	.25
ROOM USE	36	71	3,496.26	49.24	.089	97.12	4.36
CROSSOVERS/ALL OTH OUTPTNT	28	88	1,501.94	17.07	.110	53.64	1.88
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	20	39	\$ 561.89	\$ 14.41	.049	\$ 28.09	\$.70
PATHOLOGY	20	39	561.89	14.41	.049	28.09	.70
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	18	39	\$ 2,683.59	\$ 68.81	.049	\$ 149.09	\$ 3.35
CLINIC	7	21	644.39	30.69	.026	92.06	.80
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	11	18	2,039.20	113.29	.022	185.38	2.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,912
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

801 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	16	\$ 374.49	\$ 23.41	.020	\$ 53.50	\$.47
DURABLE MED. EQUIP.	2	2	133.09	66.55	.002	66.55	.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	8	21.30	2.66	.010	21.30	.03
AMBULANCES/AIR TRANS	1	8	21.30	2.66	.010	21.30	.03
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	42.72	10.68	.005	21.36	.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	177.38	88.69	.002	88.69	.22
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	2	2	177.38	88.69	.002	88.69	.22
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,913
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76						

31,679 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24,199	149,820	\$ 14,928,501.36	\$ 99.64	4.729	\$ 616.91	\$ 471.24
@PHYSICIANS SERVICES	13,306	64,499	\$ 3,122,882.95	\$ 48.42	2.036	\$ 234.70	\$ 98.58

OUTPATIENT VISITS	8,466	37,490	822,015.16	21.93	1.183	97.10	25.95
OFFICE VISITS	1,808	2,228	77,321.40	34.70	.070	42.77	2.44
HOME VISITS	1	1	53.68	53.68	.000	53.68	.00
EMERGENCY ROOM	981	1,079	62,717.93	58.13	.034	63.93	1.98
PREVENTIVE CARE	29	31	1,251.00	40.35	.001	43.14	.04
OB VISITS/COMPRE PERI	5,953	33,742	668,768.77	19.82	1.065	112.34	21.11
OTHER OUTPATIENT	332	409	11,902.38	29.10	.013	35.85	.38
INPATIENT VISITS	1,908	5,693	419,657.95	73.71	.180	219.95	13.25
HOSPITAL VISITS	1,815	4,157	191,178.86	45.99	.131	105.33	6.03
CRITICAL CARE	124	1,536	228,479.09	148.75	.048	1842.57	7.21
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	27	40	1,698.66	42.47	.001	62.91	.05
EXAMINATIONS	27	40	1,698.66	42.47	.001	62.91	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2,266	6,070	1,298,396.90	213.90	.192	572.99	40.99
PRINCIPAL SURGEON	1,628	1,715	1,109,995.79	647.23	.054	681.82	35.04
ASSISTANT SURGEON	357	357	65,701.77	184.04	.011	184.04	2.07
ANESTHESIOLOGIST	681	3,998	122,699.34	30.69	.126	180.18	3.87
OUTPATIENT SURGERY	917	1,987	126,216.00	63.52	.063	137.64	3.98
PRINCIPAL SURGEON	818	1,173	109,478.11	93.33	.037	133.84	3.46
ASSISTANT SURGEON	2	2	306.50	153.25	.000	153.25	.01
ANESTHESIOLOGIST	293	812	16,431.39	20.24	.026	56.08	.52
DIALYSIS	8	39	3,329.94	85.38	.001	416.24	.11
PATHOLOGY	2,713	6,133	134,636.24	21.95	.194	49.63	4.25
RADIOLOGY	3,341	4,295	212,834.29	49.55	.136	63.70	6.72
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	404	563	18,027.31	32.02	.018	44.62	.57
OTHER SERVICES/ALL X-OVERS	1,268	2,189	86,070.50	39.32	.069	67.88	2.72
@PHARMACY	7,494	20,135	458,583.26	22.78	.636	61.19	14.48
PRESCRIPTION DRUGS	7,200	14,904	391,143.69	26.24	.470	54.33	12.35
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	7,200	14,904	391,143.69	26.24	.470	54.33	12.35
MEDICAL SUPPLIES	679	5,231	67,439.57	12.89	.165	99.32	2.13
@DENTIST	92	343	6,167.11	17.98	.011	67.03	.19
VISITS - DIAGNOSTIC	73	240	2,057.00	8.57	.008	28.18	.06
ORAL SURGERY	26	41	1,402.00	34.20	.001	53.92	.04
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	8	8	758.00	94.75	.000	94.75	.02
ENDODONTICS	6	8	384.00	48.00	.000	64.00	.01
RESTORATIVE DENTISTRY	13	45	1,412.00	31.38	.001	108.62	.04
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	154.11	154.11	.000	154.11	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

PAGE 2,914 01/29/04

	31,679 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	6	\$	123.02	\$ 20.50	.000	\$ 41.01	\$.00
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.000	47.45	.00
EYE APPLIANCES	2	4		64.16	16.04	.000	32.08	.00
OTHER OPTOMETRIC SERVICES	1	1		11.41	11.41	.000	11.41	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	2	3	\$	122.67	\$	40.89	.000	\$ 61.34	\$.00
MEDICINE/INJECTIONS	1	1		55.64		55.64	.000	55.64	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	1	2		67.03		33.52	.000	67.03	.00
@HOME HEALTH AGENCY	101	222	\$	14,711.28	\$	66.27	.007	\$ 145.66	\$.46
NURSE ANESTHESIST	134	680	\$	16,844.04	\$	24.77	.021	\$ 125.70	\$.53
NURSE MIDWIFE	12	68	\$	5,859.97	\$	86.18	.002	\$ 488.33	\$.18
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	11	14	\$	447.81	\$	31.99	.000	\$ 40.71	\$.01
@TOTAL HOSPITAL	7,466	32,575	\$	9,529,915.60	\$	292.55	1.028	\$ 1276.44	\$ 300.83
HOSP INPATIENT TOTAL	2,069	7,010		8,927,057.68		1273.47	.221	4314.67	281.80
HSC HOSPITALS	1,699	5,833		7,659,094.38		1313.06	.184	4508.00	241.77
NON-HSC HOSPITAL TOTAL	379	1,177		1,267,963.30		1077.28	.037	3345.55	40.03
ACCOMMODATIONS	371	1,177		415,918.35		353.37	.037	1121.07	13.13
ADMINISTRATIVE DAYS	5	40		9,280.98		232.02	.001	1856.20	.29
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	366	1,137		406,637.37		357.64	.036	1111.03	12.84
ANCILLARIES	379	0		852,044.95		.00	.000	2248.14	26.90
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,447	25,565		602,857.92		23.58	.807	93.51	19.03
MEDICAL	671	929		45,703.96		49.20	.029	68.11	1.44
SURGERY	559	931		28,620.78		30.74	.029	51.20	.90
PATHOLOGY	2,967	8,850		110,858.52		12.53	.279	37.36	3.50
RADIOLOGY	1,011	1,130		75,380.42		66.71	.036	74.56	2.38
ROOM USE	3,312	5,413		213,523.77		39.45	.171	64.47	6.74
CROSSOVERS/ALL OTH OUTPTNT	3,071	8,312		128,770.47		15.49	.262	41.93	4.06
@COUNTY HOSPITAL TOTAL	6	34	\$	1,036.74	\$	30.49	.001	\$ 172.79	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	34		1,036.74		30.49	.001	172.79	.03
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	1	2		57.32		28.66	.000	57.32	.00
PATHOLOGY	3	13		222.29		17.10	.000	74.10	.01
RADIOLOGY	1	1		24.56		24.56	.000	24.56	.00
ROOM USE	6	8		393.57		49.20	.000	65.60	.01
CROSSOVERS/ALL OTH OUTPTNT	4	10		339.00		33.90	.000	84.75	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	31,679 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,460	32,541	\$	9,528,878.86	\$ 292.83	1.027	\$ 1277.33	\$ 300.79
COMM HOSP INPATIENT TOTAL	2,069	7,010		8,927,057.68	1273.47	.221	4314.67	281.80
HSC HOSPITALS	1,699	5,833		7,659,094.38	1313.06	.184	4508.00	241.77
NON-HSC HOSPITALS TOTAL	379	1,177		1,267,963.30	1077.28	.037	3345.55	40.03
ACCOMMODATIONS	371	1,177		415,918.35	353.37	.037	1121.07	13.13
ADMINISTRATIVE DAYS	5	40		9,280.98	232.02	.001	1856.20	.29
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	366	1,137	406,637.37	357.64	.036	1111.03	12.84
ANCILLARIES	379	0	852,044.95	.00	.000	2248.14	26.90
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,441	25,531	601,821.18	23.57	.806	93.44	19.00
MEDICAL	671	929	45,703.96	49.20	.029	68.11	1.44
SURGERY	558	929	28,563.46	30.75	.029	51.19	.90
PATHOLOGY	2,964	8,837	110,636.23	12.52	.279	37.33	3.49
RADIOLOGY	1,010	1,129	75,355.86	66.75	.036	74.61	2.38
ROOM USE	3,306	5,405	213,130.20	39.43	.171	64.47	6.73
CROSSOVERS/ALL OTH OUTPTNT	3,067	8,302	128,431.47	15.47	.262	41.88	4.05
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
FRESNO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

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	7,104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,107	338,935	\$	2,725,672.92	\$ 8.04	47.710	\$ 446.32	\$ 383.68
@PHYSICIANS SERVICES	1,393	5,430	\$	84,990.75	\$ 15.65	.764	\$ 61.01	\$ 11.96
OUTPATIENT VISITS	3	3		99.00	33.00	.000	33.00	.01
OFFICE VISITS	3	3		99.00	33.00	.000	33.00	.01
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	22	21		384.03	18.29	.003	17.46	.05
EXAMINATIONS	22	21		384.03	18.29	.003	17.46	.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	10		22.90	2.29	.001	22.90	.00
PRINCIPAL SURGEON	1	10		22.90	2.29	.001	22.90	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	7		30.25	4.32	.001	6.05	.00
RADIOLOGY	1	1		21.60	21.60	.000	21.60	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1,375	5,388		84,432.97	15.67	.758	61.41	11.89
@PHARMACY	5,561	151,130	\$	1,719,392.82	\$ 11.38	21.274	\$ 309.19	\$ 242.03
PRESCRIPTION DRUGS	5,459	25,131		1,623,039.92	64.58	3.538	297.31	228.47
SNF/ICF	108	742		32,376.52	43.63	.104	299.78	4.56
OUTPATIENTS	5,352	24,389		1,590,663.40	65.22	3.433	297.21	223.91
MEDICAL SUPPLIES	1,051	125,999		96,352.90	.76	17.736	91.68	13.56
@DENTIST	384	1,461	\$	66,067.75	\$ 45.22	.206	\$ 172.05	\$ 9.30
VISITS - DIAGNOSTIC	217	899		9,149.75	10.18	.127	42.16	1.29
ORAL SURGERY	48	141		7,882.00	55.90	.020	164.21	1.11
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.01
PERIODONTICS	27	30		3,653.00	121.77	.004	135.30	.51
ENDODONTICS	15	19		3,926.00	206.63	.003	261.73	.55
RESTORATIVE DENTISTRY	84	147		14,057.00	95.63	.021	167.35	1.98
PROSTHETICS	7	7		200.00	28.57	.001	28.57	.03
DENTURES, STAYPLATES	102	212		27,100.00	127.83	.030	265.69	3.81
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	7	5		.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
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FRESNO COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

7,104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	155	403	\$ 7,056.75	\$ 17.51	.057	\$ 45.53	\$.99
DIAGNOSTIC AND ANC. PROCED	18	18	682.45	37.91	.003	37.91	.10
EYE APPLIANCES	111	320	5,520.88	17.25	.045	49.74	.78
OTHER OPTOMETRIC SERVICES	42	65	853.42	13.13	.009	20.32	.12
@CHIROPRACTOR	8	17	\$ 271.33	\$ 15.96	.002	\$ 33.92	\$.04
VISITS	2	11	175.56	15.96	.002	87.78	.02
OTHER SERVICES	6	6	95.77	15.96	.001	15.96	.01
@PODIATRIST	149	239	\$ 2,812.40	\$ 11.77	.034	\$ 18.88	\$.40
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	149	239	2,812.40	11.77	.034	18.88	.40
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	8	27	194.43	7.20	.004	24.30	.03
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	5	63.35	12.67	.001	21.12	.01
@TOTAL HOSPITAL	663	2,447	\$ 114,957.50	\$ 46.98	.344	\$ 173.39	\$ 16.18
HOSP INPATIENT TOTAL	87	392	62,102.17	158.42	.055	713.82	8.74
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	87	392	62,102.17	158.42	.055	713.82	8.74
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	615	2,055	52,855.33	25.72	.289	85.94	7.44
MEDICAL	2	2	67.24	33.62	.000	33.62	.01
SURGERY	1	1	82.95	82.95	.000	82.95	.01
PATHOLOGY	1	5	46.06	9.21	.001	46.06	.01
RADIOLOGY	1	1	26.26	26.26	.000	26.26	.00
ROOM USE	1	2	181.17	90.59	.000	181.17	.03
CROSSOVERS/ALL OTH OUTPTNT	614	2,044	52,451.65	25.66	.288	85.43	7.38
@COUNTY HOSPITAL TOTAL	1	2	\$ 3.80	\$ 1.90	.000	\$ 3.80	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	3.80	1.90	.000	3.80	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	3.80	1.90	.000	3.80	.00

7,104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	662	2,445	\$ 114,953.70	\$ 47.02	.344	\$ 173.65	\$ 16.18
COMM HOSP INPATIENT TOTAL	87	392	62,102.17	158.42	.055	713.82	8.74
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	87	392	62,102.17	158.42	.055	713.82	8.74
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	614	2,053	52,851.53	25.74	.289	86.08	7.44
MEDICAL	2	2	67.24	33.62	.000	33.62	.01
SURGERY	1	1	82.95	82.95	.000	82.95	.01
PATHOLOGY	1	5	46.06	9.21	.001	46.06	.01
RADIOLOGY	1	1	26.26	26.26	.000	26.26	.00
ROOM USE	1	2	181.17	90.59	.000	181.17	.03
CROSSOVERS/ALL OTH OUTPTNT	613	2,042	52,447.85	25.68	.287	85.56	7.38
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	141	2,561	\$ 391,751.31	\$ 152.97	.361	\$ 2778.38	\$ 55.15
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	141	2,561	391,751.31	152.97	.361	2778.38	55.15
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	47	60	\$ 23,831.36	\$ 397.19	.008	\$ 507.05	\$ 3.35
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	47	60	23,831.36	397.19	.008	507.05	3.35
@REHABILITATION FACILITY	1	2	\$ 78.75	\$ 39.38	.000	\$ 78.75	\$.01
HOSPITAL BASED	1	2	78.75	39.38	.000	78.75	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	401	728	\$ 23,543.62	\$ 32.34	.102	\$ 58.71	\$ 3.31
CLINIC	4	9	590.32	65.59	.001	147.58	.08
SURGICENTER	16	18	2,280.25	126.68	.003	142.52	.32
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	383	701	20,673.05	29.49	.099	53.98	2.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,920
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED						
				AID CODE 16			
7,104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,342	174,425	\$ 290,660.80	\$ 1.67	24.553	\$ 216.59	\$ 40.92
DURABLE MED. EQUIP.	34	90	18,954.83	210.61	.013	557.50	2.67
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	37	40	15,010.40	375.26	.006	405.69	2.11
MEDICAL TRANSPORTATION	183	13,421	36,895.61	2.75	1.889	201.62	5.19

AMBULANCES/AIR TRANS	44	399	6,533.42	16.37	.056	148.49	.92
OTHER TRANS	92	12,488	27,346.49	2.19	1.758	297.24	3.85
OTHER SERVICES	64	534	3,015.70	5.65	.075	47.12	.42
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.01
ADULT DAY HEALTH CARE CTR	95	1,189	82,702.82	69.56	.167	870.56	11.64
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	214	608	58,419.63	96.08	.086	272.99	8.22
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	197	457	6,142.53	13.44	.064	31.18	.86
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	7	15.55	2.22	.001	7.78	.00
PROSTHETIST/ORTHOTISTS	33	66	2,018.21	30.58	.009	61.16	.28
PROSTHETICS	33	66	2,018.21	30.58	.009	61.16	.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	53.82	26.91	.000	53.82	.01
SPEECH AND AUDIOLOGY	61	111	8,364.42	75.36	.016	137.12	1.18

HOSPICE SERVICES	2	13	1,416.34	108.95	.002	708.17	.20
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	746	158,419	60,623.39	.38	22.300	81.26	8.53
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,513	17,358	\$ 384,605.13	\$ 22.16	2.443	\$ 153.05	\$ 54.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,921
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 FRESNO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

131 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	125	28,915	\$ 132,251.31	\$ 4.57	220.725	\$ 1058.01	\$ 1009.55
@PHYSICIANS SERVICES	33	141	\$ 843.95	\$ 5.99	1.076	\$ 25.57	\$ 6.44
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	33	141	843.95	5.99	1.076	25.57	6.44
@PHARMACY	111	17,499	\$ 70,145.46	\$ 4.01	133.580	\$ 631.94	\$ 535.46
PRESCRIPTION DRUGS	110	662	57,285.28	86.53	5.053	520.78	437.29
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	110	662	57,285.28	86.53	5.053	520.78	437.29
MEDICAL SUPPLIES	59	16,837	12,860.18	.76	128.527	217.97	98.17
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,922
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
131 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 84.66	\$ 28.22	.023	\$ 84.66	\$.65
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.008	47.45	.36
EYE APPLIANCES	1	2	37.21	18.61	.015	37.21	.28
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	13	\$ 133.48	\$ 10.27	.099	\$ 13.35	\$ 1.02
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	10	13	133.48	10.27	.099	13.35	1.02
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	14	29	\$ 4,368.05	\$ 150.62	.221	\$ 312.00	\$ 33.34
HOSP INPATIENT TOTAL	5	19	4,172.00	219.58	.145	834.40	31.85
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	19	4,172.00	219.58	.145	834.40	31.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	10	196.05	19.61	.076	21.78	1.50
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	10	196.05	19.61	.076	21.78	1.50
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,923
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
131 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	29	\$ 4,368.05	\$ 150.62	.221	\$ 312.00	\$ 33.34
COMM HOSP INPATIENT TOTAL	5	19	4,172.00	219.58	.145	834.40	31.85
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	19	4,172.00	219.58	.145	834.40	31.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	10	196.05	19.61	.076	21.78	1.50
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	10	196.05	19.61	.076	21.78	1.50
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	157	\$ 18,004.97	\$ 114.68	1.198	\$ 3600.99	\$ 137.44
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	157	18,004.97	114.68	1.198	3600.99	137.44
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	19	21	\$ 11,039.84	\$ 525.71	.160	\$ 581.04	\$ 84.27
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	19	21	11,039.84	525.71	.160	581.04	84.27
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$ 60.61	\$ 60.61	.008	\$ 60.61	\$.46
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	60.61	60.61	.008	60.61	.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,924

131 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	49	11,051	\$ 27,570.29	\$ 2.49	84.359	\$ 562.66	\$ 210.46
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	1,237.71	1237.71	.008	1237.71	9.45
MEDICAL TRANSPORTATION	26	7,315	19,329.90	2.64	55.840	743.46	147.56
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	24	7,271	19,149.81	2.63	55.504	797.91	146.18
OTHER SERVICES	2	44	180.09	4.09	.336	90.05	1.37
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	3	73.31	24.44	.023	36.66	.56
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	151.89	50.63	.023	151.89	1.16
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	29	3,729	6,777.48	1.82	28.466	233.71	51.74
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	61	11,167	\$ 21,005.82	\$ 1.88	85.244	\$ 344.36	\$ 160.35

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

4,720 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,921	158,706	\$ 1,976,399.75	\$ 12.45	33.624	\$ 504.06	\$ 418.73
@PHYSICIANS SERVICES	867	3,743	\$ 55,388.98	\$ 14.80	.793	\$ 63.89	\$ 11.73
OUTPATIENT VISITS	72	178	4,352.10	24.45	.038	60.45	.92
OFFICE VISITS	51	97	2,768.78	28.54	.021	54.29	.59
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	9	579.39	64.38	.002	72.42	.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	48	529.05	11.02	.010	105.81	.11
OTHER OUTPATIENT	18	24	474.88	19.79	.005	26.38	.10
INPATIENT VISITS	2	3	199.10	66.37	.001	99.55	.04
HOSPITAL VISITS	2	3	199.10	66.37	.001	99.55	.04
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	8	177.15	22.14	.002	22.14	.04
EXAMINATIONS	8	8	177.15	22.14	.002	22.14	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	17	24	4,271.34	177.97	.005	251.26	.90
PRINCIPAL SURGEON	17	24	4,271.34	177.97	.005	251.26	.90
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	23	84	568.30	6.77	.018	24.71	.12
RADIOLOGY	32	77	3,655.72	47.48	.016	114.24	.77
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	445	5,702.28	12.81	.094	633.59	1.21
OTHER SERVICES/ALL X-OVERS	787	2,924	36,462.99	12.47	.619	46.33	7.73
@PHARMACY	3,588	95,528	\$ 1,387,098.93	\$ 14.52	20.239	\$ 386.59	\$ 293.88
PRESCRIPTION DRUGS	3,516	17,413	1,319,767.39	75.79	3.689	375.36	279.61

SNF/ICF	44	358		22,344.43		62.41	.076	507.83	4.73
OUTPATIENTS	3,475	17,055		1,297,422.96		76.07	3.613	373.36	274.88
MEDICAL SUPPLIES	659	78,115		67,331.54		.86	16.550	102.17	14.27
@DENTIST	351	1,557	\$	58,681.04	\$	37.69	.330	167.18	12.43
VISITS - DIAGNOSTIC	230	952		9,459.79		9.94	.202	41.13	2.00
ORAL SURGERY	46	129		7,409.00		57.43	.027	161.07	1.57
DRUGS	1	3		45.00		15.00	.001	45.00	.01
ANESTHESIA	1	1		100.00		100.00	.000	100.00	.02
PERIODONTICS	55	60		7,860.00		131.00	.013	142.91	1.67
ENDODONTICS	14	20		4,270.00		213.50	.004	305.00	.90
RESTORATIVE DENTISTRY	96	276		18,053.25		65.41	.058	188.05	3.82
PROSTHETICS	7	7		180.00		25.71	.001	25.71	.04
DENTURES, STAYPLATES	49	108		11,169.00		103.42	.023	227.94	2.37
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		135.00		135.00	.000	135.00	.03
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	2	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

PAGE 2,926 01/29/04

4,720 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	100	276	\$ 5,193.57	\$ 18.82	.058	\$ 51.94	\$ 1.10
DIAGNOSTIC AND ANC. PROCED	30	30	1,134.97	37.83	.006	37.83	.24
EYE APPLIANCES	74	219	3,632.13	16.59	.046	49.08	.77
OTHER OPTOMETRIC SERVICES	18	27	426.47	15.80	.006	23.69	.09
@CHIROPRACTOR	3	7	\$ 47.18	\$ 6.74	.001	\$ 15.73	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	7	47.18	6.74	.001	15.73	.01
@PODIATRIST	81	129	\$ 1,488.37	\$ 11.54	.027	\$ 18.37	\$.32
MEDICINE/INJECTIONS	8	9	197.80	21.98	.002	24.73	.04
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	74	120	1,290.57	10.75	.025	17.44	.27
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	2	\$ 62.37	\$ 31.19	.000	\$ 62.37	\$.01
@TOTAL HOSPITAL	513	1,946	\$ 82,689.34	\$ 42.49	.412	\$ 161.19	\$ 17.52
HOSP INPATIENT TOTAL	38	245	33,430.02	136.45	.052	879.74	7.08
HSC HOSPITALS	2	4	5,250.00	1312.50	.001	2625.00	1.11
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	36	241	28,180.02	116.93	.051	782.78	5.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	500	1,701	49,259.32	28.96	.360	98.52	10.44
MEDICAL	14	17	860.20	50.60	.004	61.44	.18
SURGERY	4	5	95.36	19.07	.001	23.84	.02
PATHOLOGY	22	98	1,555.58	15.87	.021	70.71	.33
RADIOLOGY	19	27	2,387.11	88.41	.006	125.64	.51
ROOM USE	32	54	2,492.28	46.15	.011	77.88	.53
CROSSOVERS/ALL OTH OUTPTNT	462	1,500	41,868.79	27.91	.318	90.63	8.87
@COUNTY HOSPITAL TOTAL	2	6	\$ 22.71	\$ 3.79	.001	\$ 11.36	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	6	22.71	3.79	.001	11.36	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	6	22.71	3.79	.001	11.36	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,927
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

4,720 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	512	1,940	\$ 82,666.63	\$ 42.61	.411	\$ 161.46	\$ 17.51
COMM HOSP INPATIENT TOTAL	38	245	33,430.02	136.45	.052	879.74	7.08
HSC HOSPITALS	2	4	5,250.00	1312.50	.001	2625.00	1.11
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	36	241	28,180.02	116.93	.051	782.78	5.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	499	1,695	49,236.61	29.05	.359	98.67	10.43
MEDICAL	14	17	860.20	50.60	.004	61.44	.18
SURGERY	4	5	95.36	19.07	.001	23.84	.02
PATHOLOGY	22	98	1,555.58	15.87	.021	70.71	.33
RADIOLOGY	19	27	2,387.11	88.41	.006	125.64	.51
ROOM USE	32	54	2,492.28	46.15	.011	77.88	.53
CROSSOVERS/ALL OTH OUTPTNT	461	1,494	41,846.08	28.01	.317	90.77	8.87
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	20	673	\$ 81,982.13	\$ 121.82	.143	\$ 4099.11	\$ 17.37
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	20	673	81,982.13	121.82	.143	4099.11	17.37
@INTERMEDIATE CARE FACIL.-DD	1	8	\$ 1,462.32	\$ 182.79	.002	\$ 1462.32	\$.31
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1	8	1,462.32	182.79	.002	1462.32	.31
@HEMODIALYSIS TOTAL	54	73	\$ 35,814.80	\$ 490.61	.015	\$ 663.24	\$ 7.59
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	54	73	35,814.80	490.61	.015	663.24	7.59
@REHABILITATION FACILITY	5	17	\$ 493.07	\$ 29.00	.004	\$ 98.61	\$.10
HOSPITAL BASED	5	17	493.07	29.00	.004	98.61	.10

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	22	174	\$	1,094.23	\$	6.29	.037	\$ 49.74	\$.23
PATHOLOGY	18	133		1,058.84		7.96	.028	58.82	.22
XO AND OTHERS	4	41		35.39		.86	.009	8.85	.01
@ORGANIZED OUTPATIENT CLINIC	242	436	\$	21,025.91	\$	48.22	.092	\$ 86.88	\$ 4.45
CLINIC	4	6		38.04		6.34	.001	9.51	.01
SURGICENTER	10	25		5,277.91		211.12	.005	527.79	1.12
HEROIN DETOX CLINIC	5	30		274.25		9.14	.006	54.85	.06
RURAL HEALTH CLINIC	224	375		15,435.71		41.16	.079	68.91	3.27

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,928
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

4,720 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	707	54,137	\$ 243,877.51	\$ 4.50	11.470	\$ 344.95	\$ 51.67
DURABLE MED. EQUIP.	23	71	35,750.36	503.53	.015	1554.36	7.57
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	3	952.57	317.52	.001	476.29	.20
MEDICAL TRANSPORTATION	93	5,202	21,296.33	4.09	1.102	228.99	4.51
AMBULANCES/AIR TRANS	9	96	1,217.74	12.68	.020	135.30	.26
OTHER TRANS	52	4,722	18,070.87	3.83	1.000	347.52	3.83
OTHER SERVICES	40	384	2,007.72	5.23	.081	50.19	.43
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	34	514	35,702.15	69.46	.109	1050.06	7.56
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	39	3,175	102,228.30	32.20	.673	2621.24	21.66
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	149	356	4,783.53	13.44	.075	32.10	1.01
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	5	6.43	1.29	.001	3.22	.00
PROSTHETIST/ORTHOTISTS	27	58	2,930.06	50.52	.012	108.52	.62
PROSTHETICS	27	58	2,930.06	50.52	.012	108.52	.62
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	9	33	98.23	2.98	.007	10.91	.02
SPEECH AND AUDIOLOGY	52	216	8,566.42	39.66	.046	164.74	1.81
HOSPICE SERVICES	0	0	18.95	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	39.92	19.96	.000	39.92	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	365	44,501	31,399.26	.71	9.428	86.03	6.65
@CALIF. CHILDREN SERVICES*	6	29	\$ 3,245.83	\$ 111.93	.006	\$ 540.97	\$.69
@XOVER EXCLUDING STATE HOSP**	1,466	44,216	\$ 198,982.11	\$ 4.50	9.368	\$ 135.73	\$ 42.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,929
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,930
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,931
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED						

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

11,955 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	10,153	526,556	\$ 4,834,323.98	\$ 9.18	44.045	\$ 476.15	\$ 404.38
@PHYSICIANS SERVICES	2,293	9,314	\$ 141,223.68	\$ 15.16	.779	\$ 61.59	\$ 11.81
OUTPATIENT VISITS	75	181	4,451.10	24.59	.015	59.35	.37
OFFICE VISITS	54	100	2,867.78	28.68	.008	53.11	.24
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	9	579.39	64.38	.001	72.42	.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	48	529.05	11.02	.004	105.81	.04
OTHER OUTPATIENT	18	24	474.88	19.79	.002	26.38	.04
INPATIENT VISITS	2	3	199.10	66.37	.000	99.55	.02
HOSPITAL VISITS	2	3	199.10	66.37	.000	99.55	.02
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	30	29	561.18	19.35	.002	18.71	.05
EXAMINATIONS	30	29	561.18	19.35	.002	18.71	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	18	34	4,294.24	126.30	.003	238.57	.36
PRINCIPAL SURGEON	18	34	4,294.24	126.30	.003	238.57	.36
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	28	91	598.55	6.58	.008	21.38	.05
RADIOLOGY	33	78	3,677.32	47.15	.007	111.43	.31
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	445	5,702.28	12.81	.037	633.59	.48
OTHER SERVICES/ALL X-OVERS	2,195	8,453	121,739.91	14.40	.707	55.46	10.18
@PHARMACY	9,260	264,157	\$ 3,176,637.21	\$ 12.03	22.096	\$ 343.05	\$ 265.72
PRESCRIPTION DRUGS	9,085	43,206	3,000,092.59	69.44	3.614	330.22	250.95
SNF/ICF	152	1,100	54,720.95	49.75	.092	360.01	4.58
OUTPATIENTS	8,937	42,106	2,945,371.64	69.95	3.522	329.57	246.37
MEDICAL SUPPLIES	1,769	220,951	176,544.62	.80	18.482	99.80	14.77
@DENTIST	735	3,018	\$ 124,748.79	\$ 41.33	.252	\$ 169.73	\$ 10.43
VISITS - DIAGNOSTIC	447	1,851	18,609.54	10.05	.155	41.63	1.56
ORAL SURGERY	94	270	15,291.00	56.63	.023	162.67	1.28
DRUGS	1	3	45.00	15.00	.000	45.00	.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.02
PERIODONTICS	82	90	11,513.00	127.92	.008	140.40	.96
ENDODONTICS	29	39	8,196.00	210.15	.003	282.62	.69
RESTORATIVE DENTISTRY	180	423	32,110.25	75.91	.035	178.39	2.69
PROSTHETICS	14	14	380.00	27.14	.001	27.14	.03
DENTURES, STAYPLATES	151	320	38,269.00	119.59	.027	253.44	3.20
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	135.00	135.00	.000	135.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	9	5	.00	.00	.000	.00	.00

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11,955 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

----- MONTHLY AVERAGE -----
UNITS/DAYS COST PER
PER ELIG USER

COST PER
ELIGIBLE

@OPTOMETRIST	256	682	\$	12,334.98	\$	18.09	.057	\$	48.18	\$	1.03
DIAGNOSTIC AND ANC. PROCED	49	49		1,864.87		38.06	.004		38.06		.16
EYE APPLIANCES	186	541		9,190.22		16.99	.045		49.41		.77
OTHER OPTOMETRIC SERVICES	60	92		1,279.89		13.91	.008		21.33		.11
@CHIROPRACTOR	11	24	\$	318.51	\$	13.27	.002	\$	28.96	\$	.03
VISITS	2	11		175.56		15.96	.001		87.78		.01
OTHER SERVICES	9	13		142.95		11.00	.001		15.88		.01
@PODIATRIST	240	381	\$	4,434.25	\$	11.64	.032	\$	18.48	\$	.37
MEDICINE/INJECTIONS	8	9		197.80		21.98	.001		24.73		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	233	372		4,236.45		11.39	.031		18.18		.35
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	8	27	\$	194.43	\$	7.20	.002	\$	24.30	\$	.02
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	4	7	\$	125.72	\$	17.96	.001	\$	31.43	\$	.01
@TOTAL HOSPITAL	1,190	4,422	\$	202,014.89	\$	45.68	.370	\$	169.76	\$	16.90
HOSP INPATIENT TOTAL	130	656		99,704.19		151.99	.055		766.96		8.34
HSC HOSPITALS	2	4		5,250.00		1312.50	.000		2625.00		.44
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	128	652		94,454.19		144.87	.055		737.92		7.90
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,124	3,766		102,310.70		27.17	.315		91.02		8.56
MEDICAL	16	19		927.44		48.81	.002		57.97		.08
SURGERY	5	6		178.31		29.72	.001		35.66		.01
PATHOLOGY	23	103		1,601.64		15.55	.009		69.64		.13
RADIOLOGY	20	28		2,413.37		86.19	.002		120.67		.20
ROOM USE	33	56		2,673.45		47.74	.005		81.01		.22
CROSSOVERS/ALL OTH OUTPTNT	1,085	3,554		94,516.49		26.59	.297		87.11		7.91
@COUNTY HOSPITAL TOTAL	3	8	\$	26.51	\$	3.31	.001	\$	8.84	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	8		26.51		3.31	.001		8.84		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	8		26.51		3.31	.001		8.84		.00
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	11,955 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		1,188	4,414	\$ 201,988.38	\$ 45.76	.369	\$ 170.02	\$ 16.90

----- MONTHLY AVERAGE -----

COMM HOSP INPATIENT TOTAL	130	656	99,704.19	151.99	.055	766.96	8.34
HSC HOSPITALS	2	4	5,250.00	1312.50	.000	2625.00	.44
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	128	652	94,454.19	144.87	.055	737.92	7.90
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,122	3,758	102,284.19	27.22	.314	91.16	8.56
MEDICAL	16	19	927.44	48.81	.002	57.97	.08
SURGERY	5	6	178.31	29.72	.001	35.66	.01
PATHOLOGY	23	103	1,601.64	15.55	.009	69.64	.13
RADIOLOGY	20	28	2,413.37	86.19	.002	120.67	.20
ROOM USE	33	56	2,673.45	47.74	.005	81.01	.22

CROSSOVERS/ALL OTH OUTPTNT	1,083	3,546		94,489.98	26.65	.297	87.25	7.90
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	166	3,391	\$	491,738.41	145.01	.284	2962.28	41.13
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	166	3,391		491,738.41	145.01	.284	2962.28	41.13
@INTERMEDIATE CARE FACIL.-DD	1	8	\$	1,462.32	182.79	.001	1462.32	.12
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	8		1,462.32	182.79	.001	1462.32	.12
@HEMODIALYSIS TOTAL	120	154	\$	70,686.00	459.00	.013	589.05	5.91
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	120	154		70,686.00	459.00	.013	589.05	5.91
@REHABILITATION FACILITY	6	19	\$	571.82	30.10	.002	95.30	.05
HOSPITAL BASED	6	19		571.82	30.10	.002	95.30	.05
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	22	174	\$	1,094.23	6.29	.015	49.74	.09
PATHOLOGY	18	133		1,058.84	7.96	.011	58.82	.09
XO AND OTHERS	4	41		35.39	.86	.003	8.85	.00
@ORGANIZED OUTPATIENT CLINIC	644	1,165	\$	44,630.14	38.31	.097	69.30	3.73
CLINIC	8	15		628.36	41.89	.001	78.55	.05
SURGICENTER	26	43		7,558.16	175.77	.004	290.70	.63
HEROIN DETOX CLINIC	5	30		274.25	9.14	.003	54.85	.02
RURAL HEALTH CLINIC	608	1,077		36,169.37	33.58	.090	59.49	3.03
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11,955 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,098	239,613	\$ 562,108.60	\$ 2.35	20.043	\$ 267.93	\$ 47.02
DURABLE MED. EQUIP.	57	161	54,705.19	339.78	.013	959.74	4.58
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	40	44	17,200.68	390.92	.004	430.02	1.44
MEDICAL TRANSPORTATION	302	25,938	77,521.84	2.99	2.170	256.69	6.48
AMBULANCES/AIR TRANS	53	495	7,751.16	15.66	.041	146.25	.65
OTHER TRANS	168	24,481	64,567.17	2.64	2.048	384.33	5.40
OTHER SERVICES	106	962	5,203.51	5.41	.080	49.09	.44
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	129	1,703	118,404.97	69.53	.142	917.87	9.90
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	253	3,783	160,647.93	42.47	.316	634.97	13.44
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	348	816	10,999.37	13.48	.068	31.61	.92
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	12	21.98	1.83	.001	5.50	.00
PROSTHETIST/ORTHOTISTS	60	124	4,948.27	39.91	.010	82.47	.41
PROSTHETICS	60	124	4,948.27	39.91	.010	82.47	.41
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	10	35	152.05	4.34	.003	15.21	.01
SPEECH AND AUDIOLOGY	114	330	17,082.73	51.77	.028	149.85	1.43
HOSPICE SERVICES	2	13	1,435.29	110.41	.001	717.65	.12
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	39.92	19.96	.000	39.92	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,140	206,649	98,800.13	.48	17.286	86.67	8.26
@CALIF. CHILDREN SERVICES*	6	29	\$ 3,245.83	\$ 111.93	.002	\$ 540.97	\$.27
@XOVER EXCLUDING STATE HOSP**	4,040	72,741	\$ 604,593.06	\$ 8.31	6.085	\$ 149.65	\$ 50.57

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,937
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED	AID CODE 18

8,849 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,602	881,389	\$ 4,342,694.14	\$ 4.93	99.603	\$ 571.26	\$ 490.76
@PHYSICIANS SERVICES	1,500	6,193	\$ 70,614.03	\$ 11.40	.700	\$ 47.08	\$ 7.98
OUTPATIENT VISITS	15	17	770.54	45.33	.002	51.37	.09
OFFICE VISITS	9	10	383.18	38.32	.001	42.58	.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6	368.16	61.36	.001	61.36	.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	19.20	19.20	.000	19.20	.00
INPATIENT VISITS	1	3	148.61	49.54	.000	148.61	.02
HOSPITAL VISITS	1	3	148.61	49.54	.000	148.61	.02
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	13	13	248.01	19.08	.001	19.08	.03
EXAMINATIONS	13	13	248.01	19.08	.001	19.08	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	145.36	72.68	.000	72.68	.02
PRINCIPAL SURGEON	2	2	145.36	72.68	.000	72.68	.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	21	143.30	6.82	.002	35.83	.02
RADIOLOGY	6	10	392.15	39.22	.001	65.36	.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	5	42.66	8.53	.001	8.53	.00
OTHER SERVICES/ALL X-OVERS	1,470	6,122	68,723.40	11.23	.692	46.75	7.77
@PHARMACY	6,618	418,975	\$ 2,052,489.84	\$ 4.90	47.347	\$ 310.14	\$ 231.95
PRESCRIPTION DRUGS	6,380	31,157	1,876,227.03	60.22	3.521	294.08	212.03
SNF/ICF	232	1,558	81,984.65	52.62	.176	353.38	9.26
OUTPATIENTS	6,185	29,599	1,794,242.38	60.62	3.345	290.10	202.76
MEDICAL SUPPLIES	1,647	387,818	176,262.81	.45	43.826	107.02	19.92
@DENTIST	393	1,741	\$ 66,523.05	\$ 38.21	.197	\$ 169.27	\$ 7.52
VISITS - DIAGNOSTIC	251	1,070	10,584.05	9.89	.121	42.17	1.20
ORAL SURGERY	67	195	11,686.00	59.93	.022	174.42	1.32
DRUGS	1	1	15.00	15.00	.000	15.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01
PERIODONTICS	21	22	2,502.00	113.73	.002	119.14	.28
ENDODONTICS	9	12	2,570.00	214.17	.001	285.56	.29
RESTORATIVE DENTISTRY	68	147	10,064.00	68.46	.017	148.00	1.14
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	108	286	28,942.00	101.20	.032	267.98	3.27
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	5	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,938
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

8,849 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	130	326	\$ 6,101.30	\$ 18.72	.037	\$ 46.93	\$.69
DIAGNOSTIC AND ANC. PROCED	31	31	1,035.11	33.39	.004	33.39	.12
EYE APPLIANCES	93	259	4,447.15	17.17	.029	47.82	.50
OTHER OPTOMETRIC SERVICES	25	36	619.04	17.20	.004	24.76	.07
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.000	\$ 33.44	\$.00
VISITS	1	1	16.72	16.72	.000	16.72	.00
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00
@PODIATRIST	226	316	\$ 2,947.06	\$ 9.33	.036	\$ 13.04	\$.33
MEDICINE/INJECTIONS	2	2	81.20	40.60	.000	40.60	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	224	314	2,865.86	9.13	.035	12.79	.32
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	6	\$ 40.98	\$ 6.83	.001	\$ 20.49	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	6	10	\$ 145.10	\$ 14.51	.001	\$ 24.18	\$.02
@TOTAL HOSPITAL	851	3,200	\$ 158,112.94	\$ 49.41	.362	\$ 185.80	\$ 17.87
HOSP INPATIENT TOTAL	123	576	93,764.63	162.79	.065	762.31	10.60
HSC HOSPITALS	1	4	4,800.00	1200.00	.000	4800.00	.54
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	122	572	88,964.63	155.53	.065	729.22	10.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	786	2,624	64,348.31	24.52	.297	81.87	7.27
MEDICAL	4	4	90.60	22.65	.000	22.65	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	7	34.55	4.94	.001	8.64	.00
RADIOLOGY	3	3	218.24	72.75	.000	72.75	.02
ROOM USE	7	7	205.68	29.38	.001	29.38	.02
CROSSOVERS/ALL OTH OUTPTNT	778	2,603	63,799.24	24.51	.294	82.00	7.21
@COUNTY HOSPITAL TOTAL	2	10	\$ 16.91	\$ 1.69	.001	\$ 8.46	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	10	16.91	1.69	.001	8.46	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	10	16.91	1.69	.001	8.46	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,939
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
8,849 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	850	3,190	\$ 158,096.03	\$ 49.56	.360	\$ 186.00	\$ 17.87
COMM HOSP INPATIENT TOTAL	123	576	93,764.63	162.79	.065	762.31	10.60
HSC HOSPITALS	1	4	4,800.00	1200.00	.000	4800.00	.54
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	122	572	88,964.63	155.53	.065	729.22	10.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	785	2,614	64,331.40	24.61	.295	81.95	7.27
MEDICAL	4	4	90.60	22.65	.000	22.65	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	7	34.55	4.94	.001	8.64	.00
RADIOLOGY	3	3	218.24	72.75	.000	72.75	.02
ROOM USE	7	7	205.68	29.38	.001	29.38	.02
CROSSOVERS/ALL OTH OUTPTNT	777	2,593	63,782.33	24.60	.293	82.09	7.21
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	421	9,645	\$ 1,194,478.03	\$ 123.84	1.090	\$ 2837.24	\$ 134.98
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	421	9,645	1,194,478.03	123.84	1.090	2837.24	134.98
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	100	122	\$ 59,296.58	\$ 486.04	.014	\$ 592.97	\$ 6.70
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	100	122	59,296.58	486.04	.014	592.97	6.70
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	17	92	\$ 1,035.41	\$ 11.25	.010	\$ 60.91	\$.12
PATHOLOGY	12	82	982.23	11.98	.009	81.85	.11
XO AND OTHERS	5	10	53.18	5.32	.001	10.64	.01
@ORGANIZED OUTPATIENT CLINIC	344	594	\$ 19,194.69	\$ 32.31	.067	\$ 55.80	\$ 2.17
CLINIC	1	6	24.56	4.09	.001	24.56	.00
SURGICENTER	6	6	726.15	121.03	.001	121.03	.08
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	338	582	18,443.98	31.69	.066	54.57	2.08

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,940
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

8,849 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,413	440,167	\$	711,681.69	\$ 1.62	49.742	\$ 294.94	\$ 80.43
DURABLE MED. EQUIP.	52	118		23,415.73	198.44	.013	450.30	2.65
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	47	58		23,974.73	413.36	.007	510.10	2.71
MEDICAL TRANSPORTATION	430	34,155		96,844.86	2.84	3.860	225.22	10.94
AMBULANCES/AIR TRANS	95	1,055		14,419.57	13.67	.119	151.78	1.63
OTHER TRANS	245	31,795		76,488.03	2.41	3.593	312.20	8.64
OTHER SERVICES	123	1,305		5,937.26	4.55	.147	48.27	.67
ACUPUNCTURE	1	2		43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	244	3,522		244,223.13	69.34	.398	1000.91	27.60
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	534	1,774		156,269.75	88.09	.200	292.64	17.66
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	200	463		6,538.13	14.12	.052	32.69	.74
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	5	18	11.31	.63	.002	2.26	.00
PROSTHETIST/ORTHOTISTS	40	98	2,114.13	21.57	.011	52.85	.24
PROSTHETICS	40	98	2,114.13	21.57	.011	52.85	.24
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	64	116	8,322.46	71.75	.013	130.04	.94
HOSPICE SERVICES	14	250	26,906.68	107.63	.028	1921.91	3.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	3	28.71	9.57	.000	28.71	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,220	399,590	122,988.82	.31	45.157	100.81	13.90
@CALIF. CHILDREN SERVICES*	1	1	\$ 53.35	\$ 53.35	.000	\$ 53.35	\$.01
@XOVER EXCLUDING STATE HOSP**	3,135	71,001	\$ 567,586.80	\$ 7.99	8.024	\$ 181.05	\$ 64.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,941
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

255 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	196	12,744	\$ 203,237.15	\$ 15.95	49.976	\$ 1036.92	\$ 797.01
@PHYSICIANS SERVICES	65	1,873	\$ 10,757.18	\$ 5.74	7.345	\$ 165.50	\$ 42.19
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	20.00	20.00	.004	20.00	.08
EXAMINATIONS	1	1	20.00	20.00	.004	20.00	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	64	1,872	10,737.18	5.74	7.341	167.77	42.11
@PHARMACY	160	2,006	\$ 72,992.38	\$ 36.39	7.867	\$ 456.20	\$ 286.24
PRESCRIPTION DRUGS	155	849	70,788.58	83.38	3.329	456.70	277.60
SNF/ICF	6	109	5,240.69	48.08	.427	873.45	20.55
OUTPATIENTS	149	740	65,547.89	88.58	2.902	439.92	257.05
MEDICAL SUPPLIES	39	1,157	2,203.80	1.90	4.537	56.51	8.64
@DENTIST	10	43	\$ 2,406.00	\$ 55.95	.169	\$ 240.60	\$ 9.44

255 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
VISITS - DIAGNOSTIC	6	28	291.00	10.39	.110	48.50	1.14
ORAL SURGERY	1	5	425.00	85.00	.020	425.00	1.67
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.004	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	7	790.00	112.86	.027	197.50	3.10
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.008	900.00	3.53
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,942 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 FRESNO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28							
----- MONTHLY AVERAGE -----							
@OPTOMETRIST	2	5	\$ 55.77	\$ 11.15	.020	\$ 27.89	\$.22
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.012	53.11	.21
OTHER OPTOMETRIC SERVICES	1	2	2.66	1.33	.008	2.66	.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	17	19	\$ 115.66	\$ 6.09	.075	\$ 6.80	\$.45
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	17	19	115.66	6.09	.075	6.80	.45
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	32	100	\$ 5,252.75	\$ 52.53	.392	\$ 164.15	\$ 20.60
HOSP INPATIENT TOTAL	4	27	3,332.00	123.41	.106	833.00	13.07
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	27	3,332.00	123.41	.106	833.00	13.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	29	73	1,920.75	26.31	.286	66.23	7.53
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	29	73	1,920.75	26.31	.286	66.23	7.53
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,943
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

255 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	32	100	\$ 5,252.75	\$ 52.53	.392	\$ 164.15	\$ 20.60
COMM HOSP INPATIENT TOTAL	4	27	3,332.00	123.41	.106	833.00	13.07
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	27	3,332.00	123.41	.106	833.00	13.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	29	73	1,920.75	26.31	.286	66.23	7.53
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	29	73	1,920.75	26.31	.286	66.23	7.53
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	19	523	\$ 58,895.11	\$ 112.61	2.051	\$ 3099.74	\$ 230.96
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	19	523	58,895.11	112.61	2.051	3099.74	230.96
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	33	35	\$ 17,806.11	\$ 508.75	.137	\$ 539.58	\$ 69.83
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	33	35	17,806.11	508.75	.137	539.58	69.83
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	3	4	\$	132.10	\$	33.03	.016	\$	44.03	\$	.52
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	4		132.10		33.03	.016		44.03		.52

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,944
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

255 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	42	8,136	\$ 34,824.09	\$ 4.28	31.906	\$ 829.15	\$ 136.57
DURABLE MED. EQUIP.	3	10	9,860.86	986.09	.039	3286.95	38.67
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	29	8,085	23,491.12	2.91	31.706	810.04	92.12
AMBULANCES/AIR TRANS	1	6	124.91	20.82	.024	124.91	.49
OTHER TRANS	27	8,034	23,100.04	2.88	31.506	855.56	90.59
OTHER SERVICES	2	45	266.17	5.91	.176	133.09	1.04
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1	2	247.00	123.50	.008	247.00	.97
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	19.12	9.56	.008	19.12	.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	25.00	25.00	.004	25.00	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	36	1,180.99	32.81	.141	118.10	4.63
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	102	3,208	\$ 39,350.66	\$ 12.27	12.580	\$ 385.79	\$ 154.32

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,945
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED	AID CODE 68

3,377 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,213	454,084	\$ 3,020,293.45	\$ 6.65	134.464	\$ 940.02	\$ 894.37
@PHYSICIANS SERVICES	977	4,090	\$ 74,675.70	\$ 18.26	1.211	\$ 76.43	\$ 22.11
OUTPATIENT VISITS	165	251	8,519.66	33.94	.074	51.63	2.52
OFFICE VISITS	96	149	4,360.63	29.27	.044	45.42	1.29
HOME VISITS	1	1	25.20	25.20	.000	25.20	.01
EMERGENCY ROOM	34	40	2,602.78	65.07	.012	76.55	.77
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	51	61	1,531.05	25.10	.018	30.02	.45
INPATIENT VISITS	31	159	6,874.29	43.23	.047	221.75	2.04

HOSPITAL VISITS	30	155	6,387.89	41.21	.046	212.93	1.89
CRITICAL CARE	3	4	486.40	121.60	.001	162.13	.14
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	11	418.12	38.01	.003	46.46	.12
EXAMINATIONS	9	11	418.12	38.01	.003	46.46	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	62	8,457.15	136.41	.018	422.86	2.50
PRINCIPAL SURGEON	18	39	7,570.67	194.12	.012	420.59	2.24
ASSISTANT SURGEON	2	2	346.10	173.05	.001	173.05	.10
ANESTHESIOLOGIST	3	21	540.38	25.73	.006	180.13	.16
OUTPATIENT SURGERY	15	59	2,872.59	48.69	.017	191.51	.85
PRINCIPAL SURGEON	10	11	1,874.42	170.40	.003	187.44	.56
ASSISTANT SURGEON	1	1	63.29	63.29	.000	63.29	.02
ANESTHESIOLOGIST	6	47	934.88	19.89	.014	155.81	.28
DIALYSIS	5	38	1,890.72	49.76	.011	378.14	.56
PATHOLOGY	22	63	1,055.57	16.76	.019	47.98	.31

RADIOLOGY	75	171		6,008.84		35.14	.051	80.12	1.78
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	10		249.92		24.99	.003	35.70	.07
OTHER SERVICES/ALL X-OVERS	790	3,266		38,328.84		11.74	.967	48.52	11.35
@PHARMACY	2,873	210,232	\$	1,619,735.94	\$	7.70	62.254	\$ 563.78	\$ 479.64
PRESCRIPTION DRUGS	2,776	15,077		1,522,453.46		100.98	4.465	548.43	450.83
SNF/ICF	25	226		16,545.71		73.21	.067	661.83	4.90
OUTPATIENTS	2,756	14,851		1,505,907.75		101.40	4.398	546.41	445.93
MEDICAL SUPPLIES	801	195,155		97,282.48		.50	57.789	121.45	28.81
@DENTIST	260	1,211	\$	44,394.30	\$	36.66	.359	\$ 170.75	\$ 13.15
VISITS - DIAGNOSTIC	168	703		7,504.65		10.68	.208	44.67	2.22
ORAL SURGERY	35	93		5,407.00		58.14	.028	154.49	1.60
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	42	47		5,196.65		110.57	.014	123.73	1.54
ENDODONTICS	11	13		2,760.00		212.31	.004	250.91	.82
RESTORATIVE DENTISTRY	70	202		15,299.00		75.74	.060	218.56	4.53
PROSTHETICS	7	7		170.00		24.29	.002	24.29	.05
DENTURES, STAYPLATES	33	134		8,057.00		60.13	.040	244.15	2.39
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	7	12		.00		.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,946
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68								

----- MONTHLY AVERAGE -----									
3,377 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	60	160	\$ 3,069.58	\$ 19.18	.047	\$ 51.16	\$.91		
DIAGNOSTIC AND ANC. PROCED	19	19	783.23	41.22	.006	41.22	.23		
EYE APPLIANCES	41	117	1,999.39	17.09	.035	48.77	.59		
OTHER OPTOMETRIC SERVICES	12	24	286.96	11.96	.007	23.91	.08		
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.000	\$ 16.72	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00		
@PODIATRIST	93	147	\$ 1,853.89	\$ 12.61	.044	\$ 19.93	\$.55		
MEDICINE/INJECTIONS	14	15	337.90	22.53	.004	24.14	.10		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	1	2	34.60	17.30	.001	34.60	.01		
OTHER	79	130	1,481.39	11.40	.038	18.75	.44		
@HOME HEALTH AGENCY	23	7,634	\$ 225,899.84	\$ 29.59	2.261	\$ 9821.73	\$ 66.89		
NURSE ANESTHESIST	1	5	\$ 18.09	\$ 3.62	.001	\$ 18.09	\$.01		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	1	1	\$ 22.18	\$ 22.18	.000	\$ 22.18	\$.01		
@TOTAL HOSPITAL	538	3,206	\$ 328,882.06	\$ 102.58	.949	\$ 611.30	\$ 97.39		
HOSP INPATIENT TOTAL	59	388	217,242.10	559.90	.115	3682.07	64.33		
HSC HOSPITALS	16	153	173,571.25	1134.45	.045	10848.20	51.40		
NON-HSC HOSPITAL TOTAL	2	11	4,536.57	412.42	.003	2268.29	1.34		
ACCOMMODATIONS	2	11	2,544.30	231.30	.003	1272.15	.75		
ADMINISTRATIVE DAYS	2	11	2,544.30	231.30	.003	1272.15	.75		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	2	0	1,992.27	.00	.000	996.14	.59		
INPATIENT CROSSOVERS	42	224	39,134.28	174.71	.066	931.77	11.59		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	505	2,818	111,639.96	39.62	.834	221.07	33.06		
MEDICAL	43	75	4,409.20	58.79	.022	102.54	1.31		

SURGERY	11	12	525.39	43.78	.004	47.76	.16
PATHOLOGY	51	258	3,012.85	11.68	.076	59.08	.89
RADIOLOGY	38	52	3,748.66	72.09	.015	98.65	1.11
ROOM USE	86	164	6,756.38	41.20	.049	78.56	2.00
CROSSOVERS/ALL OTH OUTPTNT	437	2,257	93,187.48	41.29	.668	213.24	27.59
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,947
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

3,377 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	538	3,206	\$ 328,882.06	\$ 102.58	.949	\$ 611.30	\$ 97.39
COMM HOSP INPATIENT TOTAL	59	388	217,242.10	559.90	.115	3682.07	64.33
HSC HOSPITALS	16	153	173,571.25	1134.45	.045	10848.20	51.40
NON-HSC HOSPITALS TOTAL	2	11	4,536.57	412.42	.003	2268.29	1.34
ACCOMMODATIONS	2	11	2,544.30	231.30	.003	1272.15	.75
ADMINISTRATIVE DAYS	2	11	2,544.30	231.30	.003	1272.15	.75
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	2	0	1,992.27	.00	.000	996.14	.59
INPATIENT CROSSOVERS	42	224	39,134.28	174.71	.066	931.77	11.59
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	505	2,818	111,639.96	39.62	.834	221.07	33.06
MEDICAL	43	75	4,409.20	58.79	.022	102.54	1.31
SURGERY	11	12	525.39	43.78	.004	47.76	.16
PATHOLOGY	51	258	3,012.85	11.68	.076	59.08	.89
RADIOLOGY	38	52	3,748.66	72.09	.015	98.65	1.11
ROOM USE	86	164	6,756.38	41.20	.049	78.56	2.00
CROSSOVERS/ALL OTH OUTPTNT	437	2,257	93,187.48	41.29	.668	213.24	27.59
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	30	457	\$ 148,114.84	\$ 324.10	.135	\$ 4937.16	\$ 43.86
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	113	64,874.91	574.11	.033	21624.97	19.21
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	28	344	83,239.93	241.98	.102	2972.85	24.65
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	196	612	\$	108,859.18	\$	177.87	.181	\$ 555.40	\$ 32.24
HOSPITAL BASED	0	0		24.58		.00	.000	.00	.01
HEMODIALYSIS CENTER	196	612		108,834.60		177.83	.181	555.28	32.23
@REHABILITATION FACILITY	7	44	\$	822.67	\$	18.70	.013	\$ 117.52	\$.24
HOSPITAL BASED	5	42		777.53		18.51	.012	155.51	.23
INDEPENDENT FACILITY	2	2		45.14		22.57	.001	22.57	.01
@LABORATORY FACILITY	38	282	\$	3,685.15	\$	13.07	.084	\$ 96.98	\$ 1.09
PATHOLOGY	37	280		3,676.98		13.13	.083	99.38	1.09
XO AND OTHERS	1	2		8.17		4.09	.001	8.17	.00
@ORGANIZED OUTPATIENT CLINIC	169	360	\$	14,804.16	\$	41.12	.107	\$ 87.60	\$ 4.38
CLINIC	10	37		78.46		2.12	.011	7.85	.02
SURGICENTER	13	28		3,243.16		115.83	.008	249.47	.96
HEROIN DETOX CLINIC	1	8		111.49		13.94	.002	111.49	.03
RURAL HEALTH CLINIC	146	287		11,371.05		39.62	.085	77.88	3.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,948
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								AID CODE 68

3,377 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	845	225,642	\$ 445,439.15	\$ 1.97	66.817	\$ 527.15	\$ 131.90
DURABLE MED. EQUIP.	76	257	95,660.42	372.22	.076	1258.69	28.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	6	2,452.09	408.68	.002	817.36	.73
MEDICAL TRANSPORTATION	237	47,212	118,279.01	2.51	13.980	499.07	35.02
AMBULANCES/AIR TRANS	44	432	6,213.14	14.38	.128	141.21	1.84
OTHER TRANS	135	45,868	107,552.38	2.34	13.582	796.68	31.85
OTHER SERVICES	74	912	4,513.49	4.95	.270	60.99	1.34
ACUPUNCTURE	12	22	356.84	16.22	.007	29.74	.11
ADULT DAY HEALTH CARE CTR	24	217	15,216.20	70.12	.064	634.01	4.51
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	49	7,340	145,859.90	19.87	2.174	2976.73	43.19
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	88	199	3,669.01	18.44	.059	41.69	1.09
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	35	77	3,564.62	46.29	.023	101.85	1.06
PROSTHETICS	35	77	3,564.62	46.29	.023	101.85	1.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	7	255.41	36.49	.002	127.71	.08
HOSPICE SERVICES	2	12	1,490.12	124.18	.004	745.06	.44
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	88	911.74	10.36	.026	130.25	.27
EPSDT SUPPLEMENTAL SERVICE	2	227	5,543.34	24.42	.067	2771.67	1.64
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	439	169,978	52,180.45	.31	50.334	118.86	15.45
@CALIF. CHILDREN SERVICES*	37	5,685	\$ 233,412.58	\$ 41.06	1.683	\$ 6308.45	\$ 69.12
@XOVER EXCLUDING STATE HOSP**	1,339	31,920	\$ 323,419.89	\$ 10.13	9.452	\$ 241.54	\$ 95.77

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,949
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL								

12,481 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	11,011	1,348,217	\$	7,566,224.74	\$	5.61	108.022	\$	687.15	\$	606.22
@PHYSICIANS SERVICES	2,542	12,156	\$	156,046.91	\$	12.84	.974	\$	61.39	\$	12.50
OUTPATIENT VISITS	180	268		9,290.20		34.66	.021		51.61		.74
OFFICE VISITS	105	159		4,743.81		29.84	.013		45.18		.38
HOME VISITS	1	1		25.20		25.20	.000		25.20		.00
EMERGENCY ROOM	40	46		2,970.94		64.59	.004		74.27		.24
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	52	62		1,550.25		25.00	.005		29.81		.12
INPATIENT VISITS	32	162		7,022.90		43.35	.013		219.47		.56
HOSPITAL VISITS	31	158		6,536.50		41.37	.013		210.85		.52
CRITICAL CARE	3	4		486.40		121.60	.000		162.13		.04
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	23	25		686.13		27.45	.002		29.83		.05
EXAMINATIONS	23	25		686.13		27.45	.002		29.83		.05
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	20	62		8,457.15		136.41	.005		422.86		.68
PRINCIPAL SURGEON	18	39		7,570.67		194.12	.003		420.59		.61
ASSISTANT SURGEON	2	2		346.10		173.05	.000		173.05		.03
ANESTHESIOLOGIST	3	21		540.38		25.73	.002		180.13		.04
OUTPATIENT SURGERY	17	61		3,017.95		49.47	.005		177.53		.24
PRINCIPAL SURGEON	12	13		2,019.78		155.37	.001		168.32		.16
ASSISTANT SURGEON	1	1		63.29		63.29	.000		63.29		.01
ANESTHESIOLOGIST	6	47		934.88		19.89	.004		155.81		.07
DIALYSIS	5	38		1,890.72		49.76	.003		378.14		.15
PATHOLOGY	26	84		1,198.87		14.27	.007		46.11		.10
RADIOLOGY	81	181		6,400.99		35.36	.015		79.02		.51
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	12	15		292.58		19.51	.001		24.38		.02
OTHER SERVICES/ALL X-OVERS	2,324	11,260		117,789.42		10.46	.902		50.68		9.44
@PHARMACY	9,651	631,213	\$	3,745,218.16	\$	5.93	50.574	\$	388.07	\$	300.07
PRESCRIPTION DRUGS	9,311	47,083		3,469,469.07		73.69	3.772		372.62		277.98
SNF/ICF	263	1,893		103,771.05		54.82	.152		394.57		8.31
OUTPATIENTS	9,090	45,190		3,365,698.02		74.48	3.621		370.26		269.67
MEDICAL SUPPLIES	2,487	584,130		275,749.09		.47	46.802		110.88		22.09
@DENTIST	663	2,995	\$	113,323.35	\$	37.84	.240	\$	170.93	\$	9.08
VISITS - DIAGNOSTIC	425	1,801		18,379.70		10.21	.144		43.25		1.47
ORAL SURGERY	103	293		17,518.00		59.79	.023		170.08		1.40
DRUGS	1	1		15.00		15.00	.000		15.00		.00
ANESTHESIA	1	1		100.00		100.00	.000		100.00		.01
PERIODONTICS	64	70		7,698.65		109.98	.006		120.29		.62
ENDODONTICS	20	25		5,330.00		213.20	.002		266.50		.43
RESTORATIVE DENTISTRY	142	356		26,153.00		73.46	.029		184.18		2.10
PROSTHETICS	9	9		230.00		25.56	.001		25.56		.02
DENTURES, STAYPLATES	142	422		37,899.00		89.81	.034		266.89		3.04
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	12	17		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,950
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL										

	12,481 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	192	491	\$	9,226.65	\$ 18.79	.039	\$ 48.06	\$.74
DIAGNOSTIC AND ANC. PROCED	50	50		1,818.34	36.37	.004	36.37	.15
EYE APPLIANCES	135	379		6,499.65	17.15	.030	48.15	.52
OTHER OPTOMETRIC SERVICES	38	62		908.66	14.66	.005	23.91	.07

@CHIROPRACTOR	2	3	\$	50.16	\$	16.72	.000	\$	25.08	\$	.00
VISITS	1	1		16.72		16.72	.000		16.72		.00
OTHER SERVICES	2	2		33.44		16.72	.000		16.72		.00
@PODIATRIST	336	482	\$	4,916.61	\$	10.20	.039	\$	14.63	\$	.39
MEDICINE/INJECTIONS	16	17		419.10		24.65	.001		26.19		.03
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	320	463		4,462.91		9.64	.037		13.95		.36
@HOME HEALTH AGENCY	23	7,634	\$	225,899.84	\$	29.59	.612	\$	9821.73	\$	18.10
NURSE ANESTHESIST	3	11	\$	59.07	\$	5.37	.001	\$	19.69	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	7	11	\$	167.28	\$	15.21	.001	\$	23.90	\$	.01
@TOTAL HOSPITAL	1,421	6,506	\$	492,247.75	\$	75.66	.521	\$	346.41	\$	39.44
HOSP INPATIENT TOTAL	186	991		314,338.73		317.19	.079		1689.99		25.19
HSC HOSPITALS	17	157		178,371.25		1136.12	.013		10492.43		14.29

NON-HSC HOSPITAL TOTAL	2	11	4,536.57	412.42	.001	2268.29	.36
ACCOMMODATIONS	2	11	2,544.30	231.30	.001	1272.15	.20
ADMINISTRATIVE DAYS	2	11	2,544.30	231.30	.001	1272.15	.20
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	2	0	1,992.27	.00	.000	996.14	.16
INPATIENT CROSSOVERS	168	823	131,430.91	159.70	.066	782.33	10.53
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,320	5,515	177,909.02	32.26	.442	134.78	14.25
MEDICAL	47	79	4,499.80	56.96	.006	95.74	.36
SURGERY	11	12	525.39	43.78	.001	47.76	.04
PATHOLOGY	55	265	3,047.40	11.50	.021	55.41	.24
RADIOLOGY	41	55	3,966.90	72.13	.004	96.75	.32
ROOM USE	93	171	6,962.06	40.71	.014	74.86	.56
CROSSOVERS/ALL OTH OUTPTNT	1,244	4,933	158,907.47	32.21	.395	127.74	12.73
@COUNTY HOSPITAL TOTAL	2	10	\$ 16.91	\$ 1.69	.001	\$ 8.46	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	10	16.91	1.69	.001	8.46	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	10	16.91	1.69	.001	8.46	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,951
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL						

	12,481 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,420	6,496	\$	492,230.84	\$ 75.77	.520	\$ 346.64	\$ 39.44
COMM HOSP INPATIENT TOTAL	186	991		314,338.73	317.19	.079	1689.99	25.19
HSC HOSPITALS	17	157		178,371.25	1136.12	.013	10492.43	14.29
NON-HSC HOSPITALS TOTAL	2	11		4,536.57	412.42	.001	2268.29	.36
ACCOMMODATIONS	2	11		2,544.30	231.30	.001	1272.15	.20
ADMINISTRATIVE DAYS	2	11		2,544.30	231.30	.001	1272.15	.20
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	2	0		1,992.27	.00	.000	996.14	.16
INPATIENT CROSSOVERS	168	823		131,430.91	159.70	.066	782.33	10.53
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,319	5,505		177,892.11	32.31	.441	134.87	14.25
MEDICAL	47	79		4,499.80	56.96	.006	95.74	.36
SURGERY	11	12		525.39	43.78	.001	47.76	.04
PATHOLOGY	55	265		3,047.40	11.50	.021	55.41	.24
RADIOLOGY	41	55		3,966.90	72.13	.004	96.75	.32
ROOM USE	93	171		6,962.06	40.71	.014	74.86	.56
CROSSOVERS/ALL OTH OUTPTNT	1,243	4,923		158,890.56	32.28	.394	127.83	12.73
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00

@XOVER EXCLUDING STATE HOSP** 4,576 106,129 \$ 930,357.35 \$ 8.77 8.503 \$ 203.31 \$ 74.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,953
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 FRESNO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

121,974 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	91,592	5,600,118	\$ 42,086,041.18	\$ 7.52	45.912	\$ 459.49	\$ 345.04
@PHYSICIANS SERVICES	19,936	103,631	\$ 1,181,602.90	\$ 11.40	.850	\$ 59.27	\$ 9.69
OUTPATIENT VISITS	1,009	1,504	48,573.31	32.30	.012	48.14	.40
OFFICE VISITS	932	1,386	40,949.12	29.54	.011	43.94	.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	79	90	7,086.71	78.74	.001	89.71	.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	27	28	537.48	19.20	.000	19.91	.00
INPATIENT VISITS	54	185	9,840.27	53.19	.002	182.23	.08
HOSPITAL VISITS	50	164	8,011.85	48.85	.001	160.24	.07
CRITICAL CARE	6	18	1,637.32	90.96	.000	272.89	.01
SNF/ICF/TRANS IP CARE	2	3	191.10	63.70	.000	95.55	.00
OPHTHALMOLOGICAL SERVICES	189	197	5,802.86	29.46	.002	30.70	.05
EXAMINATIONS	188	196	5,782.86	29.50	.002	30.76	.05
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	29	186	19,542.53	105.07	.002	673.88	.16
PRINCIPAL SURGEON	22	101	16,207.20	160.47	.001	736.69	.13
ASSISTANT SURGEON	5	6	1,250.36	208.39	.000	250.07	.01
ANESTHESIOLOGIST	8	79	2,084.97	26.39	.001	260.62	.02
OUTPATIENT SURGERY	113	233	24,755.95	106.25	.002	219.08	.20
PRINCIPAL SURGEON	104	135	23,307.59	172.65	.001	224.11	.19
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	98	1,448.36	14.78	.001	131.67	.01
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	344	741	5,976.90	8.07	.006	17.37	.05
RADIOLOGY	285	546	22,172.86	40.61	.004	77.80	.18
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	113	665	14,830.74	22.30	.005	131.25	.12
OTHER SERVICES/ALL X-OVERS	18,808	99,374	1,030,107.48	10.37	.815	54.77	8.45
@PHARMACY	79,794	2,478,243	\$ 22,077,334.03	\$ 8.91	20.318	\$ 276.68	\$ 181.00
PRESCRIPTION DRUGS	77,860	323,851	20,788,845.64	64.19	2.655	267.00	170.44
SNF/ICF	1,999	11,440	603,118.53	52.72	.094	301.71	4.94
OUTPATIENTS	76,044	312,411	20,185,727.11	64.61	2.561	265.45	165.49
MEDICAL SUPPLIES	13,740	2,154,392	1,288,488.39	.60	17.663	93.78	10.56
@DENTIST	5,987	26,828	\$ 1,252,385.66	\$ 46.68	.220	\$ 209.18	\$ 10.27
VISITS - DIAGNOSTIC	3,500	14,918	155,764.95	10.44	.122	44.50	1.28
ORAL SURGERY	1,002	3,146	162,928.24	51.79	.026	162.60	1.34
DRUGS	6	7	90.00	12.86	.000	15.00	.00
ANESTHESIA	9	10	1,000.00	100.00	.000	111.11	.01
PERIODONTICS	580	609	73,433.75	120.58	.005	126.61	.60
ENDODONTICS	244	333	71,137.00	213.62	.003	291.55	.58
RESTORATIVE DENTISTRY	1,380	3,748	303,032.75	80.85	.031	219.59	2.48
PROSTHETICS	54	59	1,789.80	30.34	.000	33.14	.01
DENTURES, STAYPLATES	1,556	3,908	482,061.15	123.35	.032	309.81	3.95
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	3	1,148.02	382.67	.000	1148.02	.01
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	103	87	.00	.00	.001	.00	.00

121,974 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	2,644	6,828	\$ 133,133.19	\$ 19.50	.056	\$	50.35	\$ 1.09
DIAGNOSTIC AND ANC. PROCED	537	537	21,501.23	40.04	.004		40.04	.18
EYE APPLIANCES	1,776	5,096	89,545.38	17.57	.042		50.42	.73
OTHER OPTOMETRIC SERVICES	799	1,195	22,086.58	18.48	.010		27.64	.18
@CHIROPRACTOR	65	141	\$ 1,828.34	\$ 12.97	.001	\$	28.13	\$.01
VISITS	19	48	794.20	16.55	.000		41.80	.01
OTHER SERVICES	50	93	1,034.14	11.12	.001		20.68	.01
@PODIATRIST	1,760	2,577	\$ 29,557.72	\$ 11.47	.021	\$	16.79	\$.24
MEDICINE/INJECTIONS	16	17	577.00	33.94	.000		36.06	.00
SURGERY/ANES.	4	5	71.00	14.20	.000		17.75	.00
RADIO./PATHOLOGY	2	2	34.60	17.30	.000		17.30	.00
OTHER	1,746	2,553	28,875.12	11.31	.021		16.54	.24
@HOME HEALTH AGENCY	5	95	\$ 6,274.52	\$ 66.05	.001	\$	1254.90	\$.05
NURSE ANESTHESIST	52	195	\$ 1,509.13	\$ 7.74	.002	\$	29.02	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	8	9	\$ 415.33	\$ 46.15	.000	\$	51.92	\$.00
FAMILY NURSE PRACTITIONER	110	264	\$ 3,895.67	\$ 14.76	.002	\$	35.42	\$.03
@TOTAL HOSPITAL	9,290	35,334	\$ 4,912,061.01	\$ 139.02	.290	\$	528.75	\$ 40.27
HOSP INPATIENT TOTAL	1,363	7,487	4,136,562.85	552.50	.061		3034.90	33.91
HSC HOSPITALS	515	3,319	3,216,667.32	969.17	.027		6245.96	26.37
NON-HSC HOSPITAL TOTAL	64	334	323,136.06	967.47	.003		5049.00	2.65
ACCOMMODATIONS	64	334	111,586.15	334.09	.003		1743.53	.91
ADMINISTRATIVE DAYS	28	145	29,742.30	205.12	.001		1062.23	.24
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	36	189	81,843.85	433.04	.002		2273.44	.67
ANCILLARIES	64	0	211,549.91	.00	.000		3305.47	1.73
INPATIENT CROSSOVERS	807	3,834	596,759.47	155.65	.031		739.48	4.89
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	8,548	27,847	775,498.16	27.85	.228		90.72	6.36
MEDICAL	98	149	10,777.04	72.33	.001		109.97	.09
SURGERY	21	21	1,266.48	60.31	.000		60.31	.01
PATHOLOGY	101	361	4,222.58	11.70	.003		41.81	.03
RADIOLOGY	115	225	20,685.93	91.94	.002		179.88	.17
ROOM USE	122	164	7,610.61	46.41	.001		62.38	.06
CROSSOVERS/ALL OTH OUTPTNT	8,344	26,927	730,935.52	27.15	.221		87.60	5.99
@COUNTY HOSPITAL TOTAL	18	52	\$ 10,843.62	\$ 208.53	.000	\$	602.42	\$.09
CO HOSPITAL INPATIENT TOTAL	3	7	7,682.16	1097.45	.000		2560.72	.06
HSC HOSPITALS	3	7	7,682.16	1097.45	.000		2560.72	.06
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	16	45	3,161.46	70.25	.000		197.59	.03
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	16	45	3,161.46	70.25	.000		197.59	.03

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FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

01/29/04

121,974 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,276	35,282	\$ 4,901,217.39	\$ 138.92	.289	\$ 528.38	\$ 40.18
COMM HOSP INPATIENT TOTAL	1,360	7,480	4,128,880.69	551.99	.061	3035.94	33.85
HSC HOSPITALS	512	3,312	3,208,985.16	968.90	.027	6267.55	26.31
NON-HSC HOSPITALS TOTAL	64	334	323,136.06	967.47	.003	5049.00	2.65
ACCOMMODATIONS	64	334	111,586.15	334.09	.003	1743.53	.91
ADMINISTRATIVE DAYS	28	145	29,742.30	205.12	.001	1062.23	.24
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	189	81,843.85	433.04	.002	2273.44	.67
ANCILLARIES	64	0	211,549.91	.00	.000	3305.47	1.73
INPATIENT CROSSOVERS	807	3,834	596,759.47	155.65	.031	739.48	4.89
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	8,534	27,802		772,336.70		27.78	.228	90.50	6.33
MEDICAL	98	149		10,777.04		72.33	.001	109.97	.09
SURGERY	21	21		1,266.48		60.31	.000	60.31	.01
PATHOLOGY	101	361		4,222.58		11.70	.003	41.81	.03
RADIOLOGY	115	225		20,685.93		91.94	.002	179.88	.17
ROOM USE	122	164		7,610.61		46.41	.001	62.38	.06
CROSSOVERS/ALL OTH OUTPTNT	8,330	26,882		727,774.06		27.07	.220	87.37	5.97
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	2,260	54,482	\$	7,260,363.06	\$	133.26	.447	3212.55	59.52
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	11	380		141,255.21		371.72	.003	12841.38	1.16
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	2,249	54,102		7,119,107.85		131.59	.444	3165.45	58.37
@INTERMEDIATE CARE FACIL.-DD	1	39	\$	7,128.81	\$	182.79	.000	7128.81	.06
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	1	39		7,128.81		182.79	.000	7128.81	.06
@HEMODIALYSIS TOTAL	783	991	\$	423,807.18	\$	427.66	.008	541.26	3.47
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	783	991		423,807.18		427.66	.008	541.26	3.47
@REHABILITATION FACILITY	1	2	\$	78.75	\$	39.38	.000	78.75	.00
HOSPITAL BASED	1	2		78.75		39.38	.000	78.75	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	268	1,825	\$	14,407.53	\$	7.89	.015	53.76	.12
PATHOLOGY	231	1,738		13,888.49		7.99	.014	60.12	.11
XO AND OTHERS	37	87		519.04		5.97	.001	14.03	.00
@ORGANIZED OUTPATIENT CLINIC	8,104	14,085	\$	464,574.69	\$	32.98	.115	57.33	3.81
CLINIC	80	472		7,166.28		15.18	.004	89.58	.06
SURGICENTER	188	278		33,128.98		119.17	.002	176.22	.27
HEROIN DETOX CLINIC	9	113		1,309.96		11.59	.001	145.55	.01
RURAL HEALTH CLINIC	7,848	13,222		422,969.47		31.99	.108	53.90	3.47
#CALIF DEPT OF HEALTH SERV									
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				----- MONTHLY AVERAGE -----			
121,974 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17,537	2,874,549	\$ 4,315,683.66	\$ 1.50	23.567	\$ 246.09	\$ 35.38
DURABLE MED. EQUIP.	389	947	142,486.25	150.46	.008	366.29	1.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	324	372	169,514.26	455.68	.003	523.19	1.39
MEDICAL TRANSPORTATION	2,225	178,589	543,467.91	3.04	1.464	244.26	4.46
AMBULANCES/AIR TRANS	449	4,565	65,652.80	14.38	.037	146.22	.54
OTHER TRANS	1,155	166,567	441,041.74	2.65	1.366	381.85	3.62
OTHER SERVICES	764	7,457	36,773.37	4.93	.061	48.13	.30
ACUPUNCTURE	73	162	3,070.85	18.96	.001	42.07	.03
ADULT DAY HEALTH CARE CTR	1,796	27,249	1,890,078.60	69.36	.223	1052.38	15.50
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1,793	6,836	528,129.70	77.26	.056	294.55	4.33
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3,372	7,766	105,994.29	13.65	.064	31.43	.87
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	47	123	244.33	1.99	.001	5.20	.00
PROSTHETIST/ORTHOTISTS	414	895	26,586.52	29.71	.007	64.22	.22
PROSTHETICS	411	892	26,385.92	29.58	.007	64.20	.22
ORTHOTICS	3	3	200.60	66.87	.000	66.87	.00

PSYCHOLOGIST	2	6	75.50	12.58	.000	37.75	.00
SPEECH AND AUDIOLOGY	569	1,050	74,245.19	70.71	.009	130.48	.61
HOSPICE SERVICES	45	807	93,962.05	116.43	.007	2088.05	.77
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	13	126.90	9.76	.000	25.38	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8,874	2,649,734	737,701.31	.28	21.724	83.13	6.05
@CALIF. CHILDREN SERVICES*	11	20	\$ 1,695.41	\$ 84.77	.000	\$ 154.13	\$.01
@XOVER EXCLUDING STATE HOSP**	33,110	458,184	\$ 4,365,558.20	\$ 9.53	3.756	\$ 131.85	\$ 35.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,957
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

9,264 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,429	708,997	\$ 5,726,266.46	\$ 8.08	76.532	\$ 770.80	\$ 618.12
@PHYSICIANS SERVICES	2,707	18,603	\$ 319,231.04	\$ 17.16	2.008	\$ 117.93	\$ 34.46
OUTPATIENT VISITS	1,304	2,033	68,480.85	33.68	.219	52.52	7.39
OFFICE VISITS	1,004	1,454	42,929.02	29.52	.157	42.76	4.63
HOME VISITS	1	1	34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	187	230	15,112.62	65.71	.025	80.82	1.63
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	24	81	2,600.09	32.10	.009	108.34	.28
OTHER OUTPATIENT	205	267	7,804.82	29.23	.029	38.07	.84
INPATIENT VISITS	133	628	30,691.54	48.87	.068	230.76	3.31
HOSPITAL VISITS	109	557	25,265.54	45.36	.060	231.79	2.73
CRITICAL CARE	10	35	4,256.50	121.61	.004	425.65	.46
SNF/ICF/TRANS IP CARE	23	36	1,169.50	32.49	.004	50.85	.13
OPHTHALMOLOGICAL SERVICES	137	168	7,024.89	41.81	.018	51.28	.76
EXAMINATIONS	137	168	7,024.89	41.81	.018	51.28	.76
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	61	199	22,549.85	113.32	.021	369.67	2.43
PRINCIPAL SURGEON	52	83	19,264.56	232.10	.009	370.47	2.08
ASSISTANT SURGEON	3	3	307.64	102.55	.000	102.55	.03
ANESTHESIOLOGIST	12	113	2,977.65	26.35	.012	248.14	.32
OUTPATIENT SURGERY	143	488	45,754.96	93.76	.053	319.96	4.94
PRINCIPAL SURGEON	129	172	41,460.02	241.05	.019	321.40	4.48
ASSISTANT SURGEON	2	2	446.76	223.38	.000	223.38	.05
ANESTHESIOLOGIST	22	314	3,848.18	12.26	.034	174.92	.42
DIALYSIS	54	248	17,305.79	69.78	.027	320.48	1.87
PATHOLOGY	313	695	8,714.32	12.54	.075	27.84	.94
RADIOLOGY	361	715	28,912.62	40.44	.077	80.09	3.12
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	85	356	3,639.03	10.22	.038	42.81	.39
OTHER SERVICES/ALL X-OVERS	1,317	13,073	86,157.19	6.59	1.411	65.42	9.30
@PHARMACY	5,980	259,622	\$ 2,312,337.20	\$ 8.91	28.025	\$ 386.68	\$ 249.60
PRESCRIPTION DRUGS	5,797	27,597	2,119,723.33	76.81	2.979	365.66	228.81
SNF/ICF	135	958	58,216.36	60.77	.103	431.23	6.28
OUTPATIENTS	5,679	26,639	2,061,506.97	77.39	2.876	363.01	222.53
MEDICAL SUPPLIES	1,466	232,025	192,613.87	.83	25.046	131.39	20.79
@DENTIST	543	2,734	\$ 108,231.81	\$ 39.59	.295	\$ 199.32	\$ 11.68
VISITS - DIAGNOSTIC	376	1,686	18,852.55	11.18	.182	50.14	2.04
ORAL SURGERY	89	248	12,065.93	48.65	.027	135.57	1.30
DRUGS	2	3	.00	.00	.000	.00	.00
ANESTHESIA	3	3	200.00	66.67	.000	66.67	.02

PERIODONTICS	72	80	10,349.00	129.36	.009	143.74	1.12
ENDODONTICS	24	32	7,626.00	238.31	.003	317.75	.82
RESTORATIVE DENTISTRY	151	467	38,554.10	82.56	.050	255.33	4.16
PROSTHETICS	5	6	445.00	74.17	.001	89.00	.05
DENTURES, STAYPLATES	64	194	19,817.00	102.15	.021	309.64	2.14
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3	322.23	107.41	.000	107.41	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	11	12	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,958
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

9,264 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	132	331	\$ 10,968.41	\$ 33.14	.036	\$ 83.09	\$ 1.18
DIAGNOSTIC AND ANC. PROCED	68	74	3,393.65	45.86	.008	49.91	.37
EYE APPLIANCES	91	235	7,286.99	31.01	.025	80.08	.79
OTHER OPTOMETRIC SERVICES	13	22	287.77	13.08	.002	22.14	.03
@CHIROPRACTOR	32	74	\$ 1,228.92	\$ 16.61	.008	\$ 38.40	\$.13
VISITS	32	74	1,228.92	16.61	.008	38.40	.13
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	183	256	\$ 4,578.93	\$ 17.89	.028	\$ 25.02	\$.49
MEDICINE/INJECTIONS	66	75	1,848.84	24.65	.008	28.01	.20
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	2	34.60	17.30	.000	17.30	.00
OTHER	123	179	2,695.49	15.06	.019	21.91	.29
@HOME HEALTH AGENCY	41	175	\$ 12,544.76	\$ 71.68	.019	\$ 305.97	\$ 1.35
NURSE ANESTHESIST	2	25	219.74	8.79	.003	109.87	.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	32	102	\$ 1,324.40	\$ 12.98	.011	\$ 41.39	\$.14
@TOTAL HOSPITAL	1,238	6,735	\$ 1,043,291.66	\$ 154.91	.727	\$ 842.72	\$ 112.62
HOSP INPATIENT TOTAL	167	980	874,221.77	892.06	.106	5234.86	94.37
HSC HOSPITALS	101	618	729,821.68	1180.94	.067	7225.96	78.78
NON-HSC HOSPITAL TOTAL	19	101	107,896.03	1068.28	.011	5678.74	11.65
ACCOMMODATIONS	19	101	33,809.59	334.75	.011	1779.45	3.65
ADMINISTRATIVE DAYS	3	47	10,504.26	223.49	.005	3501.42	1.13
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	54	23,305.33	431.58	.006	1456.58	2.52
ANCILLARIES	19	0	74,086.44	.00	.000	3899.29	8.00
INPATIENT CROSSOVERS	50	261	36,504.06	139.86	.028	730.08	3.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,162	5,755	169,069.89	29.38	.621	145.50	18.25
MEDICAL	184	354	13,638.49	38.53	.038	74.12	1.47
SURGERY	76	126	5,754.35	45.67	.014	75.72	.62
PATHOLOGY	328	1,550	19,708.30	12.72	.167	60.09	2.13
RADIOLOGY	213	321	30,805.84	95.97	.035	144.63	3.33
ROOM USE	479	783	32,140.40	41.05	.085	67.10	3.47
CROSSOVERS/ALL OTH OUTPTNT	686	2,621	67,022.51	25.57	.283	97.70	7.23
@COUNTY HOSPITAL TOTAL	2	10	\$ 211.12	\$ 21.11	.001	\$ 105.56	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	10	211.12	21.11	.001	105.56	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	47.59	9.52	.001	23.80	.01
RADIOLOGY	1	1	39.72	39.72	.000	39.72	.00
ROOM USE	2	2	85.87	42.94	.000	42.94	.01
CROSSOVERS/ALL OTH OUTPTNT	2	2	37.94	18.97	.000	18.97	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,959
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

9,264 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,236	6,725	\$ 1,043,080.54	\$ 155.10	.726	\$ 843.92	\$ 112.60
COMM HOSP INPATIENT TOTAL	167	980	874,221.77	892.06	.106	5234.86	94.37
HSC HOSPITALS	101	618	729,821.68	1180.94	.067	7225.96	78.78
NON-HSC HOSPITALS TOTAL	19	101	107,896.03	1068.28	.011	5678.74	11.65
ACCOMMODATIONS	19	101	33,809.59	334.75	.011	1779.45	3.65
ADMINISTRATIVE DAYS	3	47	10,504.26	223.49	.005	3501.42	1.13
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	54	23,305.33	431.58	.006	1456.58	2.52
ANCILLARIES	19	0	74,086.44	.00	.000	3899.29	8.00
INPATIENT CROSSOVERS	50	261	36,504.06	139.86	.028	730.08	3.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,160	5,745	168,858.77	29.39	.620	145.57	18.23
MEDICAL	184	354	13,638.49	38.53	.038	74.12	1.47
SURGERY	76	126	5,754.35	45.67	.014	75.72	.62
PATHOLOGY	326	1,545	19,660.71	12.73	.167	60.31	2.12
RADIOLOGY	212	320	30,766.12	96.14	.035	145.12	3.32
ROOM USE	477	781	32,054.53	41.04	.084	67.20	3.46
CROSSOVERS/ALL OTH OUTPTNT	684	2,619	66,984.57	25.58	.283	97.93	7.23
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	136	3,506	\$ 620,991.34	\$ 177.12	.378	\$ 4566.11	\$ 67.03
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	398	230,059.63	578.04	.043	25562.18	24.83
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	127	3,108	390,931.71	125.78	.335	3078.20	42.20
@INTERMEDIATE CARE FACIL.-DD	54	1,608	\$ 257,199.75	\$ 159.95	.174	\$ 4762.96	\$ 27.76
ICF DDH	35	1,087	162,127.99	149.15	.117	4632.23	17.50
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	19	521	95,071.76	182.48	.056	5003.78	10.26
@HEMODIALYSIS TOTAL	326	2,217	\$ 242,958.29	\$ 109.59	.239	\$ 745.27	\$ 26.23
HOSPITAL BASED	1	1	192.70	192.70	.000	192.70	.02
HEMODIALYSIS CENTER	326	2,216	242,765.59	109.55	.239	744.68	26.21
@REHABILITATION FACILITY	73	464	\$ 8,073.65	\$ 17.40	.050	\$ 110.60	\$.87
HOSPITAL BASED	20	81	1,987.04	24.53	.009	99.35	.21
INDEPENDENT FACILITY	53	383	6,086.61	15.89	.041	114.84	.66
@LABORATORY FACILITY	277	1,894	\$ 20,037.63	\$ 10.58	.204	\$ 72.34	\$ 2.16
PATHOLOGY	277	1,894	20,037.63	10.58	.204	72.34	2.16
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	722	1,435	\$ 79,114.48	\$ 55.13	.155	\$ 109.58	\$ 8.54
CLINIC	43	224	5,571.42	24.87	.024	129.57	.60
SURGICENTER	28	128	8,447.46	66.00	.014	301.70	.91
HEROIN DETOX CLINIC	3	39	431.34	11.06	.004	143.78	.05

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 FRESNO COUNTY

656 1,044 64,664.26 61.94 .113 98.57 6.98
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,960
 FEE-FOR-SERVICE/DENTAL 01/29/04
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
9,264 ELIGIBLES							
@ALL OTHER PROVIDERS	1,639	409,216	\$ 683,934.45	\$ 1.67	44.173	\$ 417.29	\$ 73.83
DURABLE MED. EQUIP.	97	423	106,246.08	251.17	.046	1095.32	11.47
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	15	22	10,815.79	491.63	.002	721.05	1.17
MEDICAL TRANSPORTATION	450	54,872	183,595.29	3.35	5.923	407.99	19.82
AMBULANCES/AIR TRANS	162	1,380	21,560.10	15.62	.149	133.09	2.33
OTHER TRANS	245	52,914	159,170.55	3.01	5.712	649.68	17.18
OTHER SERVICES	59	578	2,864.64	4.96	.062	48.55	.31
ACUPUNCTURE	2	3	59.47	19.82	.000	29.74	.01

ADULT DAY HEALTH CARE CTR	160	2,409	166,919.56	69.29	.260	1043.25	18.02
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	84	225	22,651.92	100.68	.024	269.67	2.45
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	229	538	23,366.56	43.43	.058	102.04	2.52
PHYSICAL THERAPIST	1	7	325.27	46.47	.001	325.27	.04
PORTABLE X-RAY	7	21	102.35	4.87	.002	14.62	.01
PROSTHETIST/ORTHOTISTS	37	135	9,341.29	69.19	.015	252.47	1.01
PROSTHETICS	36	134	9,224.96	68.84	.014	256.25	1.00
ORTHOTICS	1	1	116.33	116.33	.000	116.33	.01
PSYCHOLOGIST	1	4	275.41	68.85	.000	275.41	.03
SPEECH AND AUDIOLOGY	42	91	7,243.19	79.60	.010	172.46	.78
HOSPICE SERVICES	2	1	133.62	133.62	.000	66.81	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	190	16,170	73,639.80	4.55	1.745	387.58	7.95
EPSDT SUPPLEMENTAL SERVICE	1	326	9,587.66	29.41	.035	9587.66	1.03
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	565	333,966	69,316.19	.21	36.050	122.68	7.48
@CALIF. CHILDREN SERVICES*	351	30,309	\$ 441,843.66	\$ 14.58	3.272	\$ 1258.81	\$ 47.69
@XOVER EXCLUDING STATE HOSP**	1,703	35,854	\$ 379,627.26	\$ 10.59	3.870	\$ 222.92	\$ 40.98

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,961
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

	296,588 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	255,872	14,962,450	\$	175,226,539.52	\$ 11.71	50.449	\$ 684.82	\$ 590.81
@PHYSICIANS SERVICES	89,463	459,257	\$	10,553,136.27	\$ 22.98	1.548	\$ 117.96	\$ 35.58
OUTPATIENT VISITS	53,789	83,395		2,830,689.62	33.94	.281	52.63	9.54
OFFICE VISITS	40,784	57,861		1,700,022.73	29.38	.195	41.68	5.73
HOME VISITS	353	466		19,156.94	41.11	.002	54.27	.06
EMERGENCY ROOM	9,332	12,200		749,036.35	61.40	.041	80.27	2.53
PREVENTIVE CARE	16	16		834.31	52.14	.000	52.14	.00
OB VISITS/COMPRE PERI	526	2,539		69,041.79	27.19	.009	131.26	.23
OTHER OUTPATIENT	7,828	10,313		292,597.50	28.37	.035	37.38	.99
INPATIENT VISITS	5,329	22,584		1,196,189.77	52.97	.076	224.47	4.03
HOSPITAL VISITS	4,026	17,972		824,691.69	45.89	.061	204.84	2.78
CRITICAL CARE	366	1,831		272,794.56	148.99	.006	745.34	.92
SNF/ICF/TRANS IP CARE	1,279	2,781		98,703.52	35.49	.009	77.17	.33
OPHTHALMOLOGICAL SERVICES	1,745	2,076		89,544.47	43.13	.007	51.31	.30
EXAMINATIONS	1,743	2,073		89,375.17	43.11	.007	51.28	.30
SERVICES AND MATERIALS	3	3		169.30	56.43	.000	56.43	.00
INPATIENT HOSPITAL SURGERY	2,002	10,425		1,030,720.78	98.87	.035	514.85	3.48
PRINCIPAL SURGEON	1,604	2,735		823,046.57	300.93	.009	513.12	2.78
ASSISTANT SURGEON	189	198		43,063.28	217.49	.001	227.85	.15
ANESTHESIOLOGIST	564	7,492		164,610.93	21.97	.025	291.86	.56
OUTPATIENT SURGERY	4,907	10,100		995,440.68	98.56	.034	202.86	3.36
PRINCIPAL SURGEON	4,438	5,755		894,414.69	155.42	.019	201.54	3.02
ASSISTANT SURGEON	25	25		2,848.35	113.93	.000	113.93	.01
ANESTHESIOLOGIST	683	4,320		98,177.64	22.73	.015	143.74	.33
DIALYSIS	530	2,031		154,802.08	76.22	.007	292.08	.52
PATHOLOGY	11,486	27,569		318,422.21	11.55	.093	27.72	1.07
RADIOLOGY	14,801	29,955		1,083,379.50	36.17	.101	73.20	3.65
PSYCHIATRY	26	34		911.86	26.82	.000	35.07	.00
IMMUNIZATION AND INJECTION	4,482	41,578		888,429.09	21.37	.140	198.22	3.00
OTHER SERVICES/ALL X-OVERS	33,285	229,510		1,964,606.21	8.56	.774	59.02	6.62

@PHARMACY	200,350	5,780,135	\$	76,389,928.88	\$	13.22	19.489	\$	381.28	\$	257.56
PRESCRIPTION DRUGS	195,927	903,226		69,305,188.92		76.73	3.045		353.73		233.67
SNF/ICF	5,470	33,705		2,911,518.33		86.38	.114		532.27		9.82
OUTPATIENTS	191,018	869,521		66,393,670.59		76.36	2.932		347.58		223.86
MEDICAL SUPPLIES	31,245	4,876,909		7,084,739.96		1.45	16.443		226.75		23.89
@DENTIST	23,643	118,782	\$	4,606,560.91	\$	38.78	.400	\$	194.84	\$	15.53
VISITS - DIAGNOSTIC	15,662	72,898		810,382.31		11.12	.246		51.74		2.73
ORAL SURGERY	3,686	10,432		592,118.20		56.76	.035		160.64		2.00
DRUGS	182	382		6,339.50		16.60	.001		34.83		.02
ANESTHESIA	162	164		15,350.00		93.60	.001		94.75		.05
PERIODONTICS	3,163	3,414		412,223.15		120.74	.012		130.33		1.39
ENDODONTICS	1,221	1,778		356,028.00		200.24	.006		291.59		1.20
RESTORATIVE DENTISTRY	6,755	20,294		1,490,659.36		73.45	.068		220.67		5.03
PROSTHETICS	201	218		5,217.50		23.93	.001		25.96		.02
DENTURES, STAYPLATES	2,813	8,087		873,971.58		108.07	.027		310.69		2.95
SPACE MAINTAINERS	22	35		3,197.00		91.34	.000		145.32		.01
MAXILLOFACIAL SERVICES	67	79		6,984.31		88.41	.000		104.24		.02
FRACTURES, DISLOCATIONS	2	4		3,200.00		800.00	.000		1600.00		.01
ORTHODONTIC SERVICES	285	368		30,235.00		82.16	.001		106.09		.10
ALL OTHER SERVICES	379	629		655.00		1.04	.002		1.73		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,962
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

296,588 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6,075	17,295	\$	371,454.63	\$	.058	\$ 61.14	\$ 1.25
DIAGNOSTIC AND ANC. PROCED	2,939	2,980		134,787.63		.010	45.86	.45
EYE APPLIANCES	4,573	13,170		217,843.36		.044	47.64	.73
OTHER OPTOMETRIC SERVICES	735	1,145		18,823.64		.004	25.61	.06
@CHIROPRACTOR	1,185	2,152	\$	35,407.47	\$	.007	\$ 29.88	\$.12
VISITS	1,124	2,059		34,188.06		.007	30.42	.12
OTHER SERVICES	64	93		1,219.41		.000	19.05	.00
@PODIATRIST	4,583	6,401	\$	135,640.32	\$	.022	\$ 29.60	\$.46
MEDICINE/INJECTIONS	2,397	2,657		67,628.99		.009	28.21	.23
SURGERY/ANES.	65	75		6,051.32		.000	93.10	.02
RADIO./PATHOLOGY	138	170		2,971.44		.001	21.53	.01
OTHER	2,266	3,499		58,988.57		.012	26.03	.20
@HOME HEALTH AGENCY	1,112	75,966	\$	2,417,029.37	\$	.256	\$ 2173.59	\$ 8.15
NURSE ANESTHESIST	85	494	\$	5,062.26	\$	.002	\$ 59.56	\$.02
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	4	8	\$	115.84	\$	.000	\$ 28.96	\$.00
FAMILY NURSE PRACTITIONER	1,156	3,100	\$	51,239.80	\$	.010	\$ 44.33	\$.17
@TOTAL HOSPITAL	43,534	250,645	\$	36,660,476.58	\$	.845	\$ 842.11	\$ 123.61
HOSP INPATIENT TOTAL	4,732	29,518		29,788,874.10		.100	6295.20	100.44
HSC HOSPITALS	3,429	21,244		26,508,782.67		.072	7730.76	89.38
NON-HSC HOSPITAL TOTAL	408	2,063		2,344,075.55		.007	5745.28	7.90
ACCOMMODATIONS	407	2,063		732,690.46		.007	1800.22	2.47
ADMINISTRATIVE DAYS	119	810		182,706.29		.003	1535.35	.62
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	291	1,253		549,984.17		.004	1889.98	1.85
ANCILLARIES	408	0		1,611,385.09		.000	3949.47	5.43
INPATIENT CROSSOVERS	1,010	6,211		936,015.88		.021	926.75	3.16
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	41,080	221,127		6,871,602.48		.746	167.27	23.17
MEDICAL	7,873	15,666		750,966.32		.053	95.39	2.53
SURGERY	2,603	3,997		159,650.22		.013	61.33	.54
PATHOLOGY	13,117	62,327		761,880.08		.210	58.08	2.57
RADIOLOGY	8,580	14,074		1,217,158.71		.047	141.86	4.10
ROOM USE	19,956	32,961		1,365,153.51		.111	68.41	4.60

CROSSEOVERS/ALL OTH OUTPTNT	22,874	92,102		2,616,793.64		28.41	.311	114.40	8.82
@COUNTY HOSPITAL TOTAL	217	977	\$	244,349.52	\$	250.10	.003	\$ 1126.03	\$.82
CO HOSPITAL INPATIENT TOTAL	34	198		214,346.12		1082.56	.001	6304.30	.72
HSC HOSPITALS	32	183		211,350.94		1154.92	.001	6604.72	.71
NON-HSC HOSPITALS TOTAL	1	1		1,315.18		1315.18	.000	1315.18	.00
ACCOMMODATIONS	1	1		231.30		231.30	.000	231.30	.00
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	1	0		1,083.88		.00	.000	1083.88	.00
INPATIENT CROSSEOVERS	2	14		1,680.00		120.00	.000	840.00	.01
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	190	779		30,003.40		38.52	.003	157.91	.10
MEDICAL	61	82		3,202.51		39.06	.000	52.50	.01
SURGERY	13	22		398.03		18.09	.000	30.62	.00
PATHOLOGY	59	274		3,652.47		13.33	.001	61.91	.01
RADIOLOGY	48	81		5,478.10		67.63	.000	114.13	.02
ROOM USE	109	136		5,116.32		37.62	.000	46.94	.02
CROSSEOVERS/ALL OTH OUTPTNT	98	184		12,155.97		66.07	.001	124.04	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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	296,588 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	43,366		249,668	\$ 36,416,127.06	\$ 145.86	.842	\$ 839.74	\$ 122.78
COMM HOSP INPATIENT TOTAL	4,700		29,320	29,574,527.98	1008.68	.099	6292.45	99.72
HSC HOSPITALS	3,398		21,061	26,297,431.73	1248.63	.071	7739.09	88.67
NON-HSC HOSPITALS TOTAL	407		2,062	2,342,760.37	1136.16	.007	5756.17	7.90
ACCOMMODATIONS	406		2,062	732,459.16	355.22	.007	1804.09	2.47
ADMINISTRATIVE DAYS	118		809	182,474.99	225.56	.003	1546.40	.62
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	291		1,253	549,984.17	438.93	.004	1889.98	1.85
ANCILLARIES	407		0	1,610,301.21	.00	.000	3956.51	5.43
INPATIENT CROSSEOVERS	1,008		6,197	934,335.88	150.77	.021	926.92	3.15
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	40,932		220,348	6,841,599.08	31.05	.743	167.15	23.07
MEDICAL	7,815		15,584	747,763.81	47.98	.053	95.68	2.52
SURGERY	2,590		3,975	159,252.19	40.06	.013	61.49	.54
PATHOLOGY	13,067		62,053	758,227.61	12.22	.209	58.03	2.56
RADIOLOGY	8,537		13,993	1,211,680.61	86.59	.047	141.93	4.09
ROOM USE	19,871		32,825	1,360,037.19	41.43	.111	68.44	4.59
CROSSEOVERS/ALL OTH OUTPTNT	22,790		91,918	2,604,637.67	28.34	.310	114.29	8.78
@STATE HOSPITAL	24		748	\$ 335,488.72	\$ 448.51	.003	\$ 13978.70	\$ 1.13
MENTALLY ILL	10		325	156,064.78	480.20	.001	15606.48	.53
DEVELOP. DISABLED	14		423	179,423.94	424.17	.001	12816.00	.60
@NURSING FACILITY	2,921		81,662	\$ 12,728,529.10	\$ 155.87	.275	\$ 4357.59	\$ 42.92
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	8		154	18,509.37	120.19	.001	2313.67	.06
LEV B-SUBACUTE FREESTANDING	88		2,799	1,018,905.23	364.02	.009	11578.47	3.44
LEV B-SUBACUTE HSPTL BASED	130		4,366	2,125,777.10	486.89	.015	16352.13	7.17
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,704		74,343	9,565,337.40	128.66	.251	3537.48	32.25
@INTERMEDIATE CARE FACIL.-DD	1,652		51,529	\$ 8,799,241.19	\$ 170.76	.174	\$ 5326.42	\$ 29.67
ICF DDH	712		22,127	3,298,920.72	149.09	.075	4633.32	11.12
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	940		29,402	5,500,320.47	187.07	.099	5851.40	18.55
@HEMODIALYSIS TOTAL	2,706		40,182	\$ 2,554,906.56	\$ 63.58	.135	\$ 944.16	\$ 8.61
HOSPITAL BASED	33		150	132,790.00	885.27	.001	4023.94	.45
HEMODIALYSIS CENTER	2,676		40,032	2,422,116.56	60.50	.135	905.13	8.17

@REHABILITATION FACILITY	2,060	13,813	\$	264,369.35	\$	19.14	.047	\$	128.33	\$.89
HOSPITAL BASED	914	3,823		108,034.64		28.26	.013		118.20		.36
INDEPENDENT FACILITY	1,157	9,990		156,334.71		15.65	.034		135.12		.53
@LABORATORY FACILITY	11,433	71,981	\$	771,264.95	\$	10.71	.243	\$	67.46	\$	2.60
PATHOLOGY	11,382	71,830		770,177.24		10.72	.242		67.67		2.60
XO AND OTHERS	53	151		1,087.71		7.20	.001		20.52		.00
@ORGANIZED OUTPATIENT CLINIC	27,831	46,761	\$	3,083,541.36	\$	65.94	.158	\$	110.80	\$	10.40
CLINIC	1,023	3,202		60,669.48		18.95	.011		59.31		.20
SURGICENTER	706	2,878		148,730.91		51.68	.010		210.67		.50
HEROIN DETOX CLINIC	175	2,127		23,969.19		11.27	.007		136.97		.08
RURAL HEALTH CLINIC	26,036	38,554		2,850,171.78		73.93	.130		109.47		9.61
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		----- MONTHLY AVERAGE -----						
296,588 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	49,411	7,941,505	\$ 15,462,143.64	\$ 1.95	26.776	\$ 312.93	\$ 52.13	
DURABLE MED. EQUIP.	3,396	11,974	2,909,694.30	243.00	.040	856.80	9.81	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	264	340	132,858.11	390.76	.001	503.25	.45	
MEDICAL TRANSPORTATION	10,141	404,789	2,047,257.70	5.06	1.365	201.88	6.90	
AMBULANCES/AIR TRANS	7,191	71,669	1,044,654.56	14.58	.242	145.27	3.52	
OTHER TRANS	1,987	317,417	918,466.92	2.89	1.070	462.24	3.10	
OTHER SERVICES	1,314	15,703	84,136.22	5.36	.053	64.03	.28	
ACUPUNCTURE	375	762	13,843.32	18.17	.003	36.92	.05	
ADULT DAY HEALTH CARE CTR	3,787	54,028	3,750,279.69	69.41	.182	990.30	12.64	
GENETIC DISEASE TESTING	99	99	10,066.00	101.68	.000	101.68	.03	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,312	60,234	1,836,631.74	30.49	.203	1399.87	6.19	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	9,110	21,023	286,401.41	13.62	.071	31.44	.97	
PHYSICAL THERAPIST	5	31	529.06	17.07	.000	105.81	.00	
PORTABLE X-RAY	147	467	9,283.32	19.88	.002	63.15	.03	
PROSTHETIST/ORTHOTISTS	1,393	4,382	381,905.47	87.15	.015	274.16	1.29	
PROSTHETICS	1,340	4,301	374,432.68	87.06	.015	279.43	1.26	
ORTHOTICS	59	81	7,472.79	92.26	.000	126.66	.03	
PSYCHOLOGIST	71	236	5,876.95	24.90	.001	82.77	.02	
SPEECH AND AUDIOLOGY	2,181	8,379	395,436.01	47.19	.028	181.31	1.33	
HOSPICE SERVICES	74	1,446	192,442.49	133.09	.005	2600.57	.65	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	8,744	152,130	905,361.86	5.95	.513	103.54	3.05	
EPSDT SUPPLEMENTAL SERVICE	102	34,381	840,828.93	24.46	.116	8243.42	2.84	
RESPIRATORY CARE PRACT.	34	34	1,002.32	29.48	.000	29.48	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	13,467	7,186,804	1,743,447.28	.24	24.232	129.46	5.88	
@CALIF. CHILDREN SERVICES*	10,077	1,080,542	\$ 17,444,884.09	\$ 16.14	3.643	\$ 1731.16	\$ 58.82	
@XOVER EXCLUDING STATE HOSP**	39,751	635,463	\$ 6,015,740.10	\$ 9.47	2.143	\$ 151.34	\$ 20.28	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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		----- MONTHLY AVERAGE -----						
98,746 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	193,201	1,062,740	\$ 37,936,720.84	\$ 35.70	10.762	\$ 196.36	\$ 384.18	
@PHYSICIANS SERVICES	20,064	52,712	\$ 2,596,602.15	\$ 49.26	.534	\$ 129.42	\$ 26.30	
OUTPATIENT VISITS	14,905	22,059	781,296.01	35.42	.223	52.42	7.91	
OFFICE VISITS	9,252	11,440	376,558.26	32.92	.116	40.70	3.81	

HOME VISITS	25	29	1,390.08	47.93	.000	55.60	.01
EMERGENCY ROOM	3,553	3,996	209,016.43	52.31	.040	58.83	2.12
PREVENTIVE CARE	108	110	4,485.93	40.78	.001	41.54	.05
OB VISITS/COMPRE PERI	951	4,291	114,488.75	26.68	.043	120.39	1.16
OTHER OUTPATIENT	1,884	2,193	75,356.56	34.36	.022	40.00	.76
INPATIENT VISITS	1,342	6,263	619,643.12	98.94	.063	461.73	6.28
HOSPITAL VISITS	1,146	3,803	206,525.72	54.31	.039	180.21	2.09
CRITICAL CARE	237	2,414	411,441.75	170.44	.024	1736.04	4.17
SNF/ICF/TRANS IP CARE	19	46	1,675.65	36.43	.000	88.19	.02
OPHTHALMOLOGICAL SERVICES	350	425	21,201.03	49.88	.004	60.57	.21
EXAMINATIONS	349	424	21,181.03	49.96	.004	60.69	.21
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	894	4,438	532,945.60	120.09	.045	596.14	5.40
PRINCIPAL SURGEON	560	732	403,300.77	550.96	.007	720.18	4.08
ASSISTANT SURGEON	88	87	18,028.74	207.23	.001	204.87	.18
ANESTHESIOLOGIST	397	3,619	111,616.09	30.84	.037	281.15	1.13

OUTPATIENT SURGERY	1,235	2,538		206,341.95		81.30	.026	167.08	2.09
PRINCIPAL SURGEON	1,021	1,256		166,264.56		132.38	.013	162.84	1.68
ASSISTANT SURGEON	7	7		769.42		109.92	.000	109.92	.01
ANESTHESIOLOGIST	313	1,275		39,307.97		30.83	.013	125.58	.40
DIALYSIS	11	28		3,730.36		133.23	.000	339.12	.04
PATHOLOGY	2,214	4,406		75,717.14		17.19	.045	34.20	.77
RADIOLOGY	3,104	5,055		143,046.90		28.30	.051	46.08	1.45
PSYCHIATRY	5	6		178.62		29.77	.000	35.72	.00
IMMUNIZATION AND INJECTION	330	451		22,280.04		49.40	.005	67.52	.23
OTHER SERVICES/ALL X-OVERS	2,885	7,043		190,221.38		27.01	.071	65.93	1.93
@PHARMACY	23,168	124,399	\$	3,504,562.70	\$	28.17	1.260	\$ 151.27	\$ 35.49
PRESCRIPTION DRUGS	22,725	53,413		3,092,551.96		57.90	.541	136.09	31.32
SNF/ICF	89	417		64,393.50		154.42	.004	723.52	.65
OUTPATIENTS	22,667	52,996		3,028,158.46		57.14	.537	133.59	30.67
MEDICAL SUPPLIES	1,253	70,986		412,010.74		5.80	.719	328.82	4.17
@DENTIST	56,839	379,245	\$	10,421,300.92	\$	27.48	3.841	\$ 183.35	\$ 105.54
VISITS - DIAGNOSTIC	42,173	260,709		3,077,315.30		11.80	2.640	72.97	31.16
ORAL SURGERY	8,654	16,830		1,020,658.70		60.65	.170	117.94	10.34
DRUGS	2,083	2,978		62,350.00		20.94	.030	29.93	.63
ANESTHESIA	533	551		53,375.00		96.87	.006	100.14	.54
PERIODONTICS	2,154	2,251		256,935.00		114.14	.023	119.28	2.60
ENDODONTICS	4,900	8,556		1,030,352.54		120.42	.087	210.28	10.43
RESTORATIVE DENTISTRY	22,489	78,861		4,308,366.57		54.63	.799	191.58	43.63
PROSTHETICS	127	136		3,280.00		24.12	.001	25.83	.03
DENTURES, STAYPLATES	519	1,993		158,155.02		79.36	.020	304.73	1.60
SPACE MAINTAINERS	505	662		67,430.00		101.86	.007	133.52	.68
MAXILLOFACIAL SERVICES	368	372		38,325.72		103.03	.004	104.15	.39
FRACTURES, DISLOCATIONS	7	9		5,975.53		663.95	.000	853.65	.06
ORTHODONTIC SERVICES	3,386	4,066		334,547.55		82.28	.041	98.80	3.39
ALL OTHER SERVICES	793	1,271		4,233.99		3.33	.013	5.34	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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98,746 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,307	3,698	\$ 87,226.40	\$ 23.59	.037	\$ 66.74	\$.88
DIAGNOSTIC AND ANC. PROCED	1,030	1,038	48,333.20	46.56	.011	46.93	.49
EYE APPLIANCES	909	2,643	38,323.48	14.50	.027	42.16	.39
OTHER OPTOMETRIC SERVICES	17	17	569.72	33.51	.000	33.51	.01
@CHIROPRACTOR	906	1,521	\$ 25,242.14	\$ 16.60	.015	\$ 27.86	\$.26
VISITS	906	1,521	25,242.14	16.60	.015	27.86	.26
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	59	86	\$ 3,527.24	\$ 41.01	.001	\$ 59.78	\$.04
MEDICINE/INJECTIONS	54	58	2,208.68	38.08	.001	40.90	.02
SURGERY/ANES.	4	4	60.00	15.00	.000	15.00	.00
RADIO./PATHOLOGY	4	6	103.80	17.30	.000	25.95	.00
OTHER	9	18	1,154.76	64.15	.000	128.31	.01
@HOME HEALTH AGENCY	109	341	\$ 23,494.49	\$ 68.90	.003	\$ 215.55	\$.24
NURSE ANESTHESIST	18	118	\$ 2,351.42	\$ 19.93	.001	\$ 130.63	\$.02
NURSE MIDWIFE	5	7	\$ 1,402.13	\$ 200.30	.000	\$ 280.43	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	264	439	\$ 10,965.73	\$ 24.98	.004	\$ 41.54	\$.11
@TOTAL HOSPITAL	12,217	47,825	\$ 13,206,346.25	\$ 276.14	.484	\$ 1080.98	\$ 133.74
HOSP INPATIENT TOTAL	1,460	7,478	11,962,096.59	1599.64	.076	8193.22	121.14
HSC HOSPITALS	1,389	7,128	11,630,423.66	1631.65	.072	8373.24	117.78
NON-HSC HOSPITAL TOTAL	75	342	330,020.93	964.97	.003	4400.28	3.34
ACCOMMODATIONS	72	342	111,171.87	325.06	.003	1544.05	1.13
ADMINISTRATIVE DAYS	5	58	13,415.40	231.30	.001	2683.08	.14
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

				----- MONTHLY AVERAGE -----				
98,746 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	12,139	47,566	\$ 13,171,771.45	\$ 276.92	.482	\$ 1085.08	\$ 133.39	
COMM HOSP INPATIENT TOTAL	1,453	7,457	11,935,268.58	1600.55	.076	8214.22	120.87	
HSC HOSPITALS	1,382	7,107	11,603,595.65	1632.70	.072	8396.23	117.51	
NON-HSC HOSPITALS TOTAL	75	342	330,020.93	964.97	.003	4400.28	3.34	
ACCOMMODATIONS	72	342	111,171.87	325.06	.003	1544.05	1.13	
ADMINISTRATIVE DAYS	5	58	13,415.40	231.30	.001	2683.08	.14	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	67	284	97,756.47	344.21	.003	1459.05	.99	
ANCILLARIES	75	0	218,849.06	.00	.000	2917.99	2.22	
INPATIENT CROSSOVERS	2	8	1,652.00	206.50	.000	826.00	.02	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	11,115	40,109	1,236,502.87	30.83	.406	111.25	12.52	
MEDICAL	2,268	3,599	155,655.73	43.25	.036	68.63	1.58	
SURGERY	1,072	1,503	59,561.61	39.63	.015	55.56	.60	
PATHOLOGY	2,986	11,795	154,725.53	13.12	.119	51.82	1.57	
RADIOLOGY	2,099	2,727	188,626.91	69.17	.028	89.87	1.91	
ROOM USE	7,294	9,669	396,292.89	40.99	.098	54.33	4.01	
CROSSOVERS/ALL OTH OUTPTNT	5,033	10,816	281,640.20	26.04	.110	55.96	2.85	
@STATE HOSPITAL	15	501	\$ 230,845.60	\$ 460.77	.005	\$ 15389.71	\$ 2.34	
MENTALLY ILL	15	501	230,845.60	460.77	.005	15389.71	2.34	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	12	483	\$ 199,807.13	\$ 413.68	.005	\$ 16650.59	\$ 2.02	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

	526,572 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
						UNITS/DAYS			
@TOTAL, ALL PROVIDERS		548,094	22,334,305	\$ 260,975,568.00	\$ 11.68	42.415	\$	476.15	\$ 495.61
@PHYSICIANS SERVICES		132,170	634,203	\$ 14,650,572.36	\$ 23.10	1.204	\$	110.85	\$ 27.82
OUTPATIENT VISITS		71,007	108,991	3,729,039.79	34.21	.207		52.52	7.08
OFFICE VISITS		51,972	72,141	2,160,459.13	29.95	.137		41.57	4.10
HOME VISITS		379	496	20,581.32	41.49	.001		54.30	.04
EMERGENCY ROOM		13,151	16,516	980,252.11	59.35	.031		74.54	1.86
PREVENTIVE CARE		124	126	5,320.24	42.22	.000		42.91	.01
OB VISITS/COMPRE PERI		1,501	6,911	186,130.63	26.93	.013		124.00	.35
OTHER OUTPATIENT		9,944	12,801	376,296.36	29.40	.024		37.84	.71
INPATIENT VISITS		6,858	29,660	1,856,364.70	62.59	.056		270.69	3.53
HOSPITAL VISITS		5,331	22,496	1,064,494.80	47.32	.043		199.68	2.02
CRITICAL CARE		619	4,298	690,130.13	160.57	.008		1114.91	1.31
SNF/ICF/TRANS IP CARE		1,323	2,866	101,739.77	35.50	.005		76.90	.19
OPHTHALMOLOGICAL SERVICES		2,421	2,866	123,573.25	43.12	.005		51.04	.23
EXAMINATIONS		2,417	2,861	123,363.95	43.12	.005		51.04	.23
SERVICES AND MATERIALS		5	5	209.30	41.86	.000		41.86	.00
INPATIENT HOSPITAL SURGERY		2,986	15,248	1,605,758.76	105.31	.029		537.76	3.05
PRINCIPAL SURGEON		2,238	3,651	1,261,819.10	345.61	.007		563.82	2.40
ASSISTANT SURGEON		285	294	62,650.02	213.10	.001		219.82	.12
ANESTHESIOLOGIST		981	11,303	281,289.64	24.89	.021		286.74	.53
OUTPATIENT SURGERY		6,398	13,359	1,272,293.54	95.24	.025		198.86	2.42
PRINCIPAL SURGEON		5,692	7,318	1,125,446.86	153.79	.014		197.72	2.14
ASSISTANT SURGEON		34	34	4,064.53	119.55	.000		119.55	.01
ANESTHESIOLOGIST		1,029	6,007	142,782.15	23.77	.011		138.76	.27
DIALYSIS		595	2,307	175,838.23	76.22	.004		295.53	.33
PATHOLOGY		14,357	33,411	408,830.57	12.24	.063		28.48	.78
RADIOLOGY		18,551	36,271	1,277,511.88	35.22	.069		68.86	2.43
PSYCHIATRY		31	40	1,090.48	27.26	.000		35.18	.00
IMMUNIZATION AND INJECTION		5,010	43,050	929,178.90	21.58	.082		185.46	1.76
OTHER SERVICES/ALL X-OVERS		56,295	349,000	3,271,092.26	9.37	.663		58.11	6.21
@PHARMACY		309,292	8,642,399	\$ 104,284,162.81	\$ 12.07	16.413	\$	337.17	\$ 198.04
PRESCRIPTION DRUGS		302,309	1,308,087	95,306,309.85	72.86	2.484		315.26	180.99
SNF/ICF		7,693	46,520	3,637,246.72	78.19	.088		472.80	6.91
OUTPATIENTS		295,408	1,261,567	91,669,063.13	72.66	2.396		310.31	174.09
MEDICAL SUPPLIES		47,704	7,334,312	8,977,852.96	1.22	13.928		188.20	17.05
@DENTIST		87,012	527,589	\$ 16,388,479.30	\$ 31.06	1.002	\$	188.35	\$ 31.12
VISITS - DIAGNOSTIC		61,711	350,211	4,062,315.11	11.60	.665		65.83	7.71
ORAL SURGERY		13,431	30,656	1,787,771.07	58.32	.058		133.11	3.40
DRUGS		2,273	3,370	68,779.50	20.41	.006		30.26	.13
ANESTHESIA		707	728	69,925.00	96.05	.001		98.90	.13
PERIODONTICS		5,969	6,354	752,940.90	118.50	.012		126.14	1.43
ENDODONTICS		6,389	10,699	1,465,143.54	136.94	.020		229.32	2.78
RESTORATIVE DENTISTRY		30,775	103,370	6,140,612.78	59.40	.196		199.53	11.66
PROSTHETICS		387	419	10,732.30	25.61	.001		27.73	.02
DENTURES, STAYPLATES		4,952	14,182	1,534,004.75	108.17	.027		309.77	2.91
SPACE MAINTAINERS		527	697	70,627.00	101.33	.001		134.02	.13
MAXILLOFACIAL SERVICES		438	454	45,632.26	100.51	.001		104.18	.09
FRACTURES, DISLOCATIONS		10	16	10,323.55	645.22	.000		1032.36	.02
ORTHODONTIC SERVICES		3,671	4,434	364,782.55	82.27	.008		99.37	.69
ALL OTHER SERVICES		1,286	1,999	4,888.99	2.45	.004		3.80	.01

526,572 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10,158	28,152	\$	602,782.63	\$ 21.41	.053	\$ 59.34	\$ 1.14
DIAGNOSTIC AND ANC. PROCED	4,574	4,629		208,015.71	44.94	.009	45.48	.40
EYE APPLIANCES	7,349	21,144		352,999.21	16.70	.040	48.03	.67
OTHER OPTOMETRIC SERVICES	1,564	2,379		41,767.71	17.56	.005	26.71	.08
@CHIROPRACTOR	2,188	3,888	\$	63,706.87	\$ 16.39	.007	\$ 29.12	\$.12
VISITS	2,081	3,702		61,453.32	16.60	.007	29.53	.12
OTHER SERVICES	114	186		2,253.55	12.12	.000	19.77	.00
@PODIATRIST	6,585	9,320	\$	173,304.21	\$ 18.59	.018	\$ 26.32	\$.33
MEDICINE/INJECTIONS	2,533	2,807		72,263.51	25.74	.005	28.53	.14
SURGERY/ANES.	73	84		6,182.32	73.60	.000	84.69	.01
RADIO./PATHOLOGY	146	180		3,144.44	17.47	.000	21.54	.01
OTHER	4,144	6,249		91,713.94	14.68	.012	22.13	.17
@HOME HEALTH AGENCY	1,267	76,577	\$	2,459,343.14	\$ 32.12	.145	\$ 1941.08	\$ 4.67
NURSE ANESTHESIST	157	832	\$	9,142.55	\$ 10.99	.002	\$ 58.23	\$.02

NURSE MIDWIFE	5	7	\$	1,402.13	\$	200.30	.000	\$	280.43	\$	.00
PEDIATRIC NURSE PRACTITIONER	12	17	\$	531.17	\$	31.25	.000	\$	44.26	\$	.00
FAMILY NURSE PRACTITIONER	1,562	3,905	\$	67,425.60	\$	17.27	.007	\$	43.17	\$	.13
@TOTAL HOSPITAL	66,279	340,539	\$	55,822,175.50	\$	163.92	.647	\$	842.23	\$	106.01	
HOSP INPATIENT TOTAL	7,722	45,463		46,761,755.31		1028.57	.086		6055.65		88.80	
HSC HOSPITALS	5,434	32,309		42,085,695.33		1302.60	.061		7744.88		79.92	
NON-HSC HOSPITAL TOTAL	566	2,840		3,105,128.57		1093.36	.005		5486.09		5.90	
ACCOMMODATIONS	562	2,840		989,258.07		348.33	.005		1760.25		1.88	
ADMINISTRATIVE DAYS	155	1,060		236,368.25		222.99	.002		1524.96		.45	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	410	1,780		752,889.82		422.97	.003		1836.32		1.43	
ANCILLARIES	566	0		2,115,870.50		.00	.000		3738.29		4.02	
INPATIENT CROSSOVERS	1,869	10,314		1,570,931.41		152.31	.020		840.52		2.98	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
HOSP OUTPATIENT TOTAL	61,979	295,076		9,060,420.19		30.71	.560		146.19		17.21	
MEDICAL	10,445	19,793		932,331.58		47.10	.038		89.26		1.77	
SURGERY	3,774	5,651		226,623.97		40.10	.011		60.05		.43	
PATHOLOGY	16,553	76,108		941,376.88		12.37	.145		56.87		1.79	
RADIOLOGY	11,025	17,371		1,458,173.99		83.94	.033		132.26		2.77	
ROOM USE	27,892	43,630		1,803,266.81		41.33	.083		64.65		3.42	
CROSSOVERS/ALL OTH OUTPTNT	36,970	132,523		3,698,646.96		27.91	.252		100.04		7.02	
@COUNTY HOSPITAL TOTAL	319	1,298	\$	289,979.06	\$	223.40	.002	\$	909.03	\$	.55
CO HOSPITAL INPATIENT TOTAL	44	226		248,856.29		1101.13	.000		5655.82		.47	
HSC HOSPITALS	42	211		245,861.11		1165.22	.000		5853.84		.47	
NON-HSC HOSPITALS TOTAL	1	1		1,315.18		1315.18	.000		1315.18		.00	
ACCOMMODATIONS	1	1		231.30		231.30	.000		231.30		.00	
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	1	0		1,083.88		.00	.000		1083.88		.00	
INPATIENT CROSSOVERS	2	14		1,680.00		120.00	.000		840.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	286	1,072		41,122.77		38.36	.002		143.79		.08	
MEDICAL	83	107		4,496.51		42.02	.000		54.17		.01	
SURGERY	16	26		789.34		30.36	.000		49.33		.00	
PATHOLOGY	84	354		4,540.45		12.83	.001		54.05		.01	
RADIOLOGY	68	106		6,414.42		60.51	.000		94.33		.01	
ROOM USE	155	191		7,271.59		38.07	.000		46.91		.01	
CROSSOVERS/ALL OTH OUTPTNT	150	288		17,610.46		61.15	.001		117.40		.03	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE	2,971
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FRESNO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL											

	526,572 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	66,017	339,241	\$	55,532,196.44	\$ 163.70	.644	\$ 841.18	\$ 105.46
COMM HOSP INPATIENT TOTAL	7,680	45,237		46,512,899.02	1028.20	.086	6056.37	88.33
HSC HOSPITALS	5,393	32,098		41,839,834.22	1303.50	.061	7758.17	79.46
NON-HSC HOSPITALS TOTAL	565	2,839		3,103,813.39	1093.28	.005	5493.48	5.89
ACCOMMODATIONS	561	2,839		989,026.77	348.37	.005	1762.97	1.88
ADMINISTRATIVE DAYS	154	1,059		236,136.95	222.98	.002	1533.36	.45
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	410	1,780		752,889.82	422.97	.003	1836.32	1.43
ANCILLARIES	565	0		2,114,786.62	.00	.000	3742.99	4.02
INPATIENT CROSSOVERS	1,867	10,300		1,569,251.41	152.35	.020	840.52	2.98
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	61,741	294,004		9,019,297.42	30.68	.558	146.08	17.13
MEDICAL	10,365	19,686		927,835.07	47.13	.037	89.52	1.76
SURGERY	3,759	5,625		225,834.63	40.15	.011	60.08	.43
PATHOLOGY	16,480	75,754		936,836.43	12.37	.144	56.85	1.78

RADIOLOGY	10,963	17,265		1,451,759.57	84.09	.033	132.42	2.76
ROOM USE	27,764	43,439		1,795,995.22	41.35	.082	64.69	3.41
CROSSOVERS/ALL OTH OUTPTNT	36,837	132,235		3,681,036.50	27.84	.251	99.93	6.99
@STATE HOSPITAL	39	1,249	\$	566,334.32	\$ 453.43	.002	\$ 14521.39	\$ 1.08
MENTALLY ILL	25	826		386,910.38	468.41	.002	15476.42	.73
DEVELOP. DISABLED	14	423		179,423.94	424.17	.001	12816.00	.34
@NURSING FACILITY	5,329	140,133	\$	20,809,690.63	\$ 148.50	.266	\$ 3904.99	\$ 39.52
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	8	154		18,509.37	120.19	.000	2313.67	.04
LEV B-SUBACUTE FREESTANDING	99	3,179		1,160,160.44	364.95	.006	11718.79	2.20
LEV B-SUBACUTE HSPTL BASED	148	5,186		2,548,616.05	491.44	.010	17220.38	4.84
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5,083	131,614		17,082,404.77	129.79	.250	3360.69	32.44
@INTERMEDIATE CARE FACIL.-DD	1,746	54,563	\$	9,312,296.03	\$ 170.67	.104	\$ 5333.50	\$ 17.68
ICF DDH	747	23,214		3,461,048.71	149.09	.044	4633.26	6.57
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	999	31,349		5,851,247.32	186.65	.060	5857.10	11.11
@HEMODIALYSIS TOTAL	3,819	43,430	\$	3,229,155.39	\$ 74.35	.082	\$ 845.55	\$ 6.13
HOSPITAL BASED	37	156		138,516.21	887.92	.000	3743.68	.26
HEMODIALYSIS CENTER	3,787	43,274		3,090,639.18	71.42	.082	816.12	5.87
@REHABILITATION FACILITY	2,556	15,956	\$	321,039.16	\$ 20.12	.030	\$ 125.60	\$.61
HOSPITAL BASED	1,252	4,924		147,627.30	29.98	.009	117.91	.28
INDEPENDENT FACILITY	1,316	11,032		173,411.86	15.72	.021	131.77	.33
@LABORATORY FACILITY	14,071	84,079	\$	918,207.90	\$ 10.92	.160	\$ 65.26	\$ 1.74
PATHOLOGY	13,981	83,838		916,422.65	10.93	.159	65.55	1.74
XO AND OTHERS	93	241		1,785.25	7.41	.000	19.20	.00
@ORGANIZED OUTPATIENT CLINIC	78,454	121,599	\$	8,384,571.80	\$ 68.95	.231	\$ 106.87	\$ 15.92
CLINIC	1,722	6,244		123,973.79	19.85	.012	71.99	.24
SURGICENTER	969	3,537		200,564.51	56.70	.007	206.98	.38
HEROIN DETOX CLINIC	247	3,028		34,399.76	11.36	.006	139.27	.07
RURAL HEALTH CLINIC	75,676	108,790		8,025,633.74	73.77	.207	106.05	15.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
FRESNO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL							

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526,572 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@ALL OTHER PROVIDERS	133,181	11,605,834	\$	22,910,242.18	\$ 1.97	22.040	\$ 172.02	\$ 43.51
DURABLE MED. EQUIP.	4,035	14,146		3,233,690.53	228.59	.027	801.41	6.14
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	609	763		313,665.73	411.10	.001	515.05	.60
MEDICAL TRANSPORTATION	13,980	654,765		2,953,502.48	4.51	1.243	211.27	5.61
AMBULANCES/AIR TRANS	8,962	93,949		1,300,214.90	13.84	.178	145.08	2.47
OTHER TRANS	3,392	537,052		1,519,083.90	2.83	1.020	447.84	2.88
OTHER SERVICES	2,147	23,764		134,203.68	5.65	.045	62.51	.25
ACUPUNCTURE	486	1,018		18,665.86	18.34	.002	38.41	.04
ADULT DAY HEALTH CARE CTR	5,749	83,727		5,810,181.58	69.39	.159	1010.64	11.03
GENETIC DISEASE TESTING	991	991		102,579.00	103.51	.002	103.51	.19
IHMC,MODEL-NF,NF,AIDS,MSSP	3,189	67,295		2,387,413.36	35.48	.128	748.64	4.53
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	22,606	50,234		608,641.47	12.12	.095	26.92	1.16
PHYSICAL THERAPIST	8	46		1,169.65	25.43	.000	146.21	.00
PORTABLE X-RAY	201	611		9,630.00	15.76	.001	47.91	.02
PROSTHETIST/ORTHOTISTS	1,948	5,625		443,565.64	78.86	.011	227.70	.84
PROSTHETICS	1,854	5,497		431,561.96	78.51	.010	232.77	.82
ORTHOTICS	106	128		12,003.68	93.78	.000	113.24	.02
PSYCHOLOGIST	282	1,070		50,230.09	46.94	.002	178.12	.10
SPEECH AND AUDIOLOGY	2,826	9,593		488,538.21	50.93	.018	172.87	.93
HOSPICE SERVICES	121	2,254		286,538.16	127.12	.004	2368.08	.54
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	61,551	350,887	2,779,128.00	7.92	.666	45.15	5.28
EPSDT SUPPLEMENTAL SERVICE	103	34,707	850,416.59	24.50	.066	8256.47	1.62
RESPIRATORY CARE PRACT.	34	34	1,002.32	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23,012	10,328,102	2,572,685.83	.25	19.614	111.80	4.89
@CALIF. CHILDREN SERVICES*	16,026	1,175,315	\$ 29,348,301.12	\$ 24.97	2.232	\$ 1831.29	\$ 55.73
@XOVER EXCLUDING STATE HOSP**	74,576	1,129,575	\$ 10,763,045.66	\$ 9.53	2.145	\$ 144.32	\$ 20.44

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 FRESNO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

33,632 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	23,024	588,828	\$ 12,090,948.39	\$ 20.53	17.508	\$ 525.15	\$ 359.51
@PHYSICIANS SERVICES	6,107	23,916	\$ 760,470.06	\$ 31.80	.711	\$ 124.52	\$ 22.61
OUTPATIENT VISITS	2,204	3,173	119,049.52	37.52	.094	54.02	3.54
OFFICE VISITS	1,733	2,470	81,302.27	32.92	.073	46.91	2.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	380	440	32,301.80	73.41	.013	85.00	.96
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	215	263	5,445.45	20.71	.008	25.33	.16
INPATIENT VISITS	339	1,542	67,765.82	43.95	.046	199.90	2.01
HOSPITAL VISITS	336	1,480	60,729.52	41.03	.044	180.74	1.81
CRITICAL CARE	20	58	6,864.70	118.36	.002	343.24	.20
SNF/ICF/TRANS IP CARE	1	4	171.60	42.90	.000	171.60	.01
OPHTHALMOLOGICAL SERVICES	153	196	8,046.61	41.05	.006	52.59	.24
EXAMINATIONS	153	196	8,046.61	41.05	.006	52.59	.24
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	162	1,243	81,960.51	65.94	.037	505.93	2.44
PRINCIPAL SURGEON	130	230	67,501.43	293.48	.007	519.24	2.01
ASSISTANT SURGEON	23	24	5,154.60	214.78	.001	224.11	.15
ANESTHESIOLOGIST	38	989	9,304.48	9.41	.029	244.85	.28
OUTPATIENT SURGERY	312	555	106,034.32	191.05	.017	339.85	3.15
PRINCIPAL SURGEON	284	360	100,662.19	279.62	.011	354.44	2.99
ASSISTANT SURGEON	2	2	199.55	99.78	.000	99.78	.01
ANESTHESIOLOGIST	42	193	5,172.58	26.80	.006	123.16	.15
DIALYSIS	99	251	30,046.46	119.71	.007	303.50	.89
PATHOLOGY	688	2,033	22,900.64	11.26	.060	33.29	.68
RADIOLOGY	1,053	2,346	78,251.35	33.36	.070	74.31	2.33
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	143	1,035	30,791.16	29.75	.031	215.32	.92
OTHER SERVICES/ALL X-OVERS	3,451	11,542	215,623.67	18.68	.343	62.48	6.41
@PHARMACY	18,197	237,645	\$ 4,286,253.24	\$ 18.04	7.066	\$ 235.55	\$ 127.45
PRESCRIPTION DRUGS	17,765	69,229	4,098,083.86	59.20	2.058	230.68	121.85
SNF/ICF	710	3,917	206,150.88	52.63	.116	290.35	6.13
OUTPATIENTS	17,098	65,312	3,891,932.98	59.59	1.942	227.63	115.72
MEDICAL SUPPLIES	2,198	168,416	188,169.38	1.12	5.008	85.61	5.59
@DENTIST	1,602	7,510	\$ 359,055.90	\$ 47.81	.223	\$ 224.13	\$ 10.68
VISITS - DIAGNOSTIC	997	3,998	48,942.20	12.24	.119	49.09	1.46
ORAL SURGERY	305	946	46,872.75	49.55	.028	153.68	1.39
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	5	5	500.00	100.00	.000	100.00	.01
PERIODONTICS	167	178	22,323.00	125.41	.005	133.67	.66
ENDODONTICS	65	89	19,751.00	221.92	.003	303.86	.59
RESTORATIVE DENTISTRY	388	1,125	89,240.00	79.32	.033	230.00	2.65
PROSTHETICS	19	21	640.00	30.48	.001	33.68	.02

DENTURES, STAYPLATES	363	1,103	130,786.95	118.57	.033	360.29	3.89
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	31	45	.00	.00	.001	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

33,632 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	574	1,463	\$ 30,622.97	\$ 20.93	.044	\$ 53.35	\$.91
DIAGNOSTIC AND ANC. PROCED	205	207	8,567.60	41.39	.006	41.79	.25
EYE APPLIANCES	369	1,056	18,172.69	17.21	.031	49.25	.54
OTHER OPTOMETRIC SERVICES	136	200	3,882.68	19.41	.006	28.55	.12
@CHIROPRACTOR	13	28	\$ 338.97	\$ 12.11	.001	\$ 26.07	\$.01
VISITS	5	10	167.20	16.72	.000	33.44	.00
OTHER SERVICES	9	18	171.77	9.54	.001	19.09	.01
@PODIATRIST	331	463	\$ 7,541.44	\$ 16.29	.014	\$ 22.78	\$.22
MEDICINE/INJECTIONS	60	66	2,063.47	31.26	.002	34.39	.06
SURGERY/ANES.	5	7	651.27	93.04	.000	130.25	.02
RADIO./PATHOLOGY	7	7	121.10	17.30	.000	17.30	.00
OTHER	273	383	4,705.60	12.29	.011	17.24	.14
@HOME HEALTH AGENCY	66	456	\$ 32,703.45	\$ 71.72	.014	\$ 495.51	\$.97
NURSE ANESTHESIST	15	104	\$ 1,200.66	\$ 11.54	.003	\$ 80.04	\$.04
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	15	33	\$ 824.78	\$ 24.99	.001	\$ 54.99	\$.02
@TOTAL HOSPITAL	3,932	20,708	\$ 2,869,858.30	\$ 138.59	.616	\$ 729.87	\$ 85.33
HOSP INPATIENT TOTAL	456	2,883	2,328,475.14	807.66	.086	5106.31	69.23
HSC HOSPITALS	276	1,716	1,841,743.14	1073.28	.051	6672.98	54.76
NON-HSC HOSPITAL TOTAL	38	256	371,117.86	1449.68	.008	9766.26	11.03
ACCOMMODATIONS	38	256	109,650.64	428.32	.008	2885.54	3.26
ADMINISTRATIVE DAYS	6	32	7,251.10	226.60	.001	1208.52	.22
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	32	224	102,399.54	457.14	.007	3199.99	3.04
ANCILLARIES	38	0	261,467.22	.00	.000	6880.72	7.77
INPATIENT CROSSOVERS	147	911	115,614.14	126.91	.027	786.49	3.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,678	17,825	541,383.16	30.37	.530	147.19	16.10
MEDICAL	565	1,030	50,866.81	49.39	.031	90.03	1.51
SURGERY	154	168	12,514.19	74.49	.005	81.26	.37
PATHOLOGY	984	4,242	49,539.95	11.68	.126	50.35	1.47
RADIOLOGY	731	1,402	110,109.25	78.54	.042	150.63	3.27
ROOM USE	1,590	2,607	106,088.82	40.69	.078	66.72	3.15
CROSSOVERS/ALL OTH OUTPTNT	2,242	8,376	212,264.14	25.34	.249	94.68	6.31
@COUNTY HOSPITAL TOTAL	20	98	\$ 13,057.29	\$ 133.24	.003	\$ 652.86	\$.39
CO HOSPITAL INPATIENT TOTAL	4	9	10,835.00	1203.89	.000	2708.75	.32
HSC HOSPITALS	4	9	10,835.00	1203.89	.000	2708.75	.32
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	89	2,222.29	24.97	.003	130.72	.07
MEDICAL	3	8	298.49	37.31	.000	99.50	.01

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	30	360.16	12.01	.001	90.04	.01
RADIOLOGY	2	6	652.31	108.72	.000	326.16	.02
ROOM USE	6	10	367.13	36.71	.000	61.19	.01
CROSSTOVERS/ALL OTH OUTPTNT	11	35	544.20	15.55	.001	49.47	.02

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FRESNO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
33,632 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	3,912	20,610	\$ 2,856,801.01	\$ 138.61	.613	\$ 730.27	\$ 84.94
COMM HOSP INPATIENT TOTAL	452	2,874	2,317,640.14	806.42	.085	5127.52	68.91
HSC HOSPITALS	272	1,707	1,830,908.14	1072.59	.051	6731.28	54.44
NON-HSC HOSPITALS TOTAL	38	256	371,117.86	1449.68	.008	9766.26	11.03
ACCOMMODATIONS	38	256	109,650.64	428.32	.008	2885.54	3.26

ADMINISTRATIVE DAYS	6	32		7,251.10		226.60	.001	1208.52	.22
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	32	224		102,399.54		457.14	.007	3199.99	3.04
ANCILLARIES	38	0		261,467.22		.00	.000	6880.72	7.77
INPATIENT CROSSOVERS	147	911		115,614.14		126.91	.027	786.49	3.44
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,661	17,736		539,160.87		30.40	.527	147.27	16.03
MEDICAL	562	1,022		50,568.32		49.48	.030	89.98	1.50
SURGERY	154	168		12,514.19		74.49	.005	81.26	.37
PATHOLOGY	980	4,212		49,179.79		11.68	.125	50.18	1.46
RADIOLOGY	729	1,396		109,456.94		78.41	.042	150.15	3.25
ROOM USE	1,584	2,597		105,721.69		40.71	.077	66.74	3.14
CROSSOVERS/ALL OTH OUTPTNT	2,231	8,341		211,719.94		25.38	.248	94.90	6.30
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	800	19,198	\$	2,455,583.50	\$	127.91	.571	3069.48	73.01
LEV A-INTERMEDIATE	2	68		6,054.28		89.03	.002	3027.14	.18
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	799	19,130		2,449,529.22		128.05	.569	3065.74	72.83
@INTERMEDIATE CARE FACIL.-DD	1	59	\$	10,754.91	\$	182.29	.002	10754.91	.32
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	1	59		10,754.91		182.29	.002	10754.91	.32
@HEMODIALYSIS TOTAL	181	4,866	\$	305,630.66	\$	62.81	.145	1688.57	9.09
HOSPITAL BASED	25	46		100,774.04		2190.74	.001	4030.96	3.00
HEMODIALYSIS CENTER	156	4,820		204,856.62		42.50	.143	1313.18	6.09
@REHABILITATION FACILITY	18	61	\$	1,748.43	\$	28.66	.002	97.14	.05
HOSPITAL BASED	18	61		1,748.43		28.66	.002	97.14	.05
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	655	4,172	\$	40,530.40	\$	9.71	.124	61.88	1.21
PATHOLOGY	648	4,153		40,488.74		9.75	.123	62.48	1.20
XO AND OTHERS	7	19		41.66		2.19	.001	5.95	.00
@ORGANIZED OUTPATIENT CLINIC	1,841	3,268	\$	190,498.37	\$	58.29	.097	103.48	5.66
CLINIC	34	162		2,679.23		16.54	.005	78.80	.08
SURGICENTER	88	276		14,856.92		53.83	.008	168.83	.44
HEROIN DETOX CLINIC	1	13		157.94		12.15	.000	157.94	.00
RURAL HEALTH CLINIC	1,730	2,817		172,804.28		61.34	.084	99.89	5.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,976
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FRESNO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

					----- MONTHLY AVERAGE -----			
33,632 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,836	264,878	\$ 737,332.35	\$ 2.78	7.876	\$ 259.99	\$ 21.92	
DURABLE MED. EQUIP.	124	269	52,060.70	193.53	.008	419.84	1.55	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	67	77	45,447.09	590.22	.002	678.31	1.35	
MEDICAL TRANSPORTATION	613	27,477	129,739.27	4.72	.817	211.65	3.86	
AMBULANCES/AIR TRANS	304	3,114	41,826.46	13.43	.093	137.59	1.24	
OTHER TRANS	221	23,118	73,032.60	3.16	.687	330.46	2.17	
OTHER SERVICES	119	1,245	14,880.21	11.95	.037	125.04	.44	
ACUPUNCTURE	12	22	432.51	19.66	.001	36.04	.01	
ADULT DAY HEALTH CARE CTR	319	4,919	341,050.77	69.33	.146	1069.12	10.14	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	115	272	30,163.91	110.90	.008	262.29	.90	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	

OPTICIAN	742	1,748	28,427.21	16.26	.052	38.31	.85
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	23	70	309.57	4.42	.002	13.46	.01
PROSTHETIST/ORTHOTISTS	46	95	2,535.83	26.69	.003	55.13	.08
PROSTHETICS	45	94	2,440.83	25.97	.003	54.24	.07
ORTHOTICS	1	1	95.00	95.00	.000	95.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	140	232	19,652.03	84.71	.007	140.37	.58
HOSPICE SERVICES	12	197	21,610.85	109.70	.006	1800.90	.64
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	839	229,500	65,902.61	.29	6.824	78.55	1.96
@CALIF. CHILDREN SERVICES*	3	3	\$ 137.70	\$ 45.90	.000	\$ 45.90	\$.00
@XOVER EXCLUDING STATE HOSP**	4,845	48,613	\$ 787,514.34	\$ 16.20	1.445	\$ 162.54	\$ 23.42

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,977
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	115	5,263	\$ 84,493.52	\$ 16.05	25.303	\$ 734.73	\$ 406.22
@PHYSICIANS SERVICES	25	39	\$ 1,005.67	\$ 25.79	.188	\$ 40.23	\$ 4.83
OUTPATIENT VISITS	6	6	174.36	29.06	.029	29.06	.84
OFFICE VISITS	5	5	129.76	25.95	.024	25.95	.62
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.005	44.60	.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.005	46.44	.22
EXAMINATIONS	1	1	46.44	46.44	.005	46.44	.22
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	20.78	5.20	.019	10.39	.10
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	25.00	25.00	.005	25.00	.12
OTHER SERVICES/ALL X-OVERS	19	27	739.09	27.37	.130	38.90	3.55
@PHARMACY	83	3,504	\$ 34,451.62	\$ 9.83	16.846	\$ 415.08	\$ 165.63
PRESCRIPTION DRUGS	74	403	32,745.74	81.25	1.938	442.51	157.43
SNF/ICF	12	88	7,240.78	82.28	.423	603.40	34.81
OUTPATIENTS	62	315	25,504.96	80.97	1.514	411.37	122.62

MEDICAL SUPPLIES	18	3,101		1,705.88		.55	14.909	94.77	8.20
@DENTIST	16	74	\$	3,256.00	\$	44.00	.356	\$ 203.50	\$ 15.65
VISITS - DIAGNOSTIC	11	52		631.00		12.13	.250	57.36	3.03
ORAL SURGERY	6	10		462.00		46.20	.048	77.00	2.22
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	7		348.00		49.71	.034	174.00	1.67
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	3	5		1,815.00		363.00	.024	605.00	8.73
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	7	\$ 314.52	\$ 44.93	.034	\$ 104.84	\$ 1.51
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.005	47.45	.23
EYE APPLIANCES	3	6	267.07	44.51	.029	89.02	1.28
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	8	\$ 37.23	\$ 4.65	.038	\$ 6.21	\$.18
MEDICINE/INJECTIONS	1	1	21.40	21.40	.005	21.40	.10
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	7	15.83	2.26	.034	3.17	.08
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10	18	\$ 228.71	\$ 12.71	.087	\$ 22.87	\$ 1.10
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	18	228.71	12.71	.087	22.87	1.10
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	29.98	7.50	.019	29.98	.14
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	101.35	33.78	.014	33.78	.49
CROSSOVERS/ALL OTH OUTPTNT	6	11	97.38	8.85	.053	16.23	.47
@COUNTY HOSPITAL TOTAL	1	1	\$ 28.13	\$ 28.13	.005	\$ 28.13	\$.14
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	28.13	28.13	.005	28.13	.14
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	28.13	28.13	.005	28.13	.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,979
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	17	\$ 200.58	\$ 11.80	.082	\$ 22.29	\$.96
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	17	200.58	11.80	.082	22.29	.96
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	29.98	7.50	.019	29.98	.14
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	101.35	33.78	.014	33.78	.49
CROSSOVERS/ALL OTH OUTPTNT	5	10	69.25	6.93	.048	13.85	.33
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	15	380	\$ 42,362.11	\$ 111.48	1.827	\$ 2824.14	\$ 203.66
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	15	380	42,362.11	111.48	1.827	2824.14	203.66
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$ 446.00	\$ 446.00	.005	\$ 446.00	\$ 2.14
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	446.00	446.00	.005	446.00	2.14
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00

PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	305.68	\$	101.89	.014	\$ 152.84	\$ 1.47
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2	3		305.68		101.89	.014	152.84	1.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,980
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								AID CODE 24
							----- MONTHLY AVERAGE -----		
208 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	17	1,229	\$	2,085.98	\$ 1.70	5.909	\$ 122.70	\$ 10.03	
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	241	1,302.53	5.40	1.159	162.82	6.26
AMBULANCES/AIR TRANS	3	15	331.92	22.13	.072	110.64	1.60
OTHER TRANS	5	203	690.11	3.40	.976	138.02	3.32
OTHER SERVICES	3	23	280.50	12.20	.111	93.50	1.35
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	3	58.04	19.35	.014	29.02	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	1.13	.57	.010	1.13	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	189	400.47	2.12	.909	400.47	1.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	794	323.81	.41	3.817	64.76	1.56
@CALIF. CHILDREN SERVICES*	2	2	\$ 42.39	\$ 21.20	.010	\$ 21.20	\$.20
@XOVER EXCLUDING STATE HOSP**	33	2,723	\$ 2,725.14	\$ 1.00	13.091	\$ 82.58	\$ 13.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,981
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

20,528 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17,077	483,163	\$ 18,265,046.41	\$ 37.80	23.537	\$ 1069.57	\$ 889.76
@PHYSICIANS SERVICES	5,760	44,477	\$ 1,225,300.22	\$ 27.55	2.167	\$ 212.73	\$ 59.69
OUTPATIENT VISITS	2,299	3,854	150,741.86	39.11	.188	65.57	7.34
OFFICE VISITS	1,259	1,845	59,448.95	32.22	.090	47.22	2.90
HOME VISITS	9	11	548.60	49.87	.001	60.96	.03
EMERGENCY ROOM	724	1,036	70,485.70	68.04	.050	97.36	3.43
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	2	13	349.16	26.86	.001	174.58	.02
OTHER OUTPATIENT	602	949	19,909.45	20.98	.046	33.07	.97
INPATIENT VISITS	714	4,039	166,327.00	41.18	.197	232.95	8.10
HOSPITAL VISITS	626	3,664	139,028.75	37.94	.178	222.09	6.77
CRITICAL CARE	58	169	19,325.35	114.35	.008	333.20	.94
SNF/ICF/TRANS IP CARE	92	206	7,972.90	38.70	.010	86.66	.39
OPHTHALMOLOGICAL SERVICES	114	133	5,794.62	43.57	.006	50.83	.28
EXAMINATIONS	114	133	5,794.62	43.57	.006	50.83	.28
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	393	1,905	244,097.04	128.13	.093	621.11	11.89
PRINCIPAL SURGEON	350	1,150	221,579.82	192.68	.056	633.09	10.79
ASSISTANT SURGEON	43	54	10,490.94	194.28	.003	243.98	.51
ANESTHESIOLOGIST	50	701	12,026.28	17.16	.034	240.53	.59
OUTPATIENT SURGERY	349	694	84,028.53	121.08	.034	240.77	4.09
PRINCIPAL SURGEON	324	422	76,582.49	181.48	.021	236.37	3.73
ASSISTANT SURGEON	4	7	1,454.21	207.74	.000	363.55	.07
ANESTHESIOLOGIST	41	265	5,991.83	22.61	.013	146.14	.29

DIALYSIS	196	810		63,258.79		78.10	.039	322.75	3.08
PATHOLOGY	500	1,624		26,790.39		16.50	.079	53.58	1.31
RADIOLOGY	1,168	3,825		121,314.38		31.72	.186	103.87	5.91
PSYCHIATRY	1	2		83.38		41.69	.000	83.38	.00
IMMUNIZATION AND INJECTION	149	4,324		145,362.09		33.62	.211	975.58	7.08
OTHER SERVICES/ALL X-OVERS	2,881	23,267		217,502.14		9.35	1.133	75.50	10.60
@PHARMACY	12,569	182,187	\$	4,943,173.96	\$	27.13	8.875	\$ 393.28	\$ 240.80
PRESCRIPTION DRUGS	12,232	58,169		4,687,405.69		80.58	2.834	383.21	228.34
SNF/ICF	484	3,356		240,210.57		71.58	.163	496.30	11.70
OUTPATIENTS	11,793	54,813		4,447,195.12		81.13	2.670	377.10	216.64
MEDICAL SUPPLIES	1,899	124,018		255,768.27		2.06	6.041	134.69	12.46
@DENTIST	1,478	6,959	\$	319,954.94	\$	45.98	.339	\$ 216.48	\$ 15.59
VISITS - DIAGNOSTIC	913	3,824		46,296.07		12.11	.186	50.71	2.26
ORAL SURGERY	256	865		48,491.54		56.06	.042	189.42	2.36
DRUGS	1	1		15.00		15.00	.000	15.00	.00
ANESTHESIA	5	5		400.00		80.00	.000	80.00	.02
PERIODONTICS	210	225		28,498.50		126.66	.011	135.71	1.39
ENDODONTICS	73	107		23,449.50		219.15	.005	321.23	1.14
RESTORATIVE DENTISTRY	426	1,249		100,353.25		80.35	.061	235.57	4.89
PROSTHETICS	18	18		450.00		25.00	.001	25.00	.02
DENTURES, STAYPLATES	199	626		71,589.00		114.36	.030	359.74	3.49
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2		412.08		206.04	.000	206.04	.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		.00		.00	.000	.00	.00
ALL OTHER SERVICES	20	36		.00		.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

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01/29/04

20,528 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	420	1,196	\$	25,464.13	\$ 21.29	.058	\$ 60.63	\$ 1.24	
DIAGNOSTIC AND ANC. PROCED	194	198		8,934.86	45.13	.010	46.06	.44	
EYE APPLIANCES	321	923		15,391.73	16.68	.045	47.95	.75	
OTHER OPTOMETRIC SERVICES	43	75		1,137.54	15.17	.004	26.45	.06	
@CHIROPRACTOR	37	65	\$	1,084.28	\$ 16.68	.003	\$ 29.30	\$.05	
VISITS	36	63		1,050.84	16.68	.003	29.19	.05	
OTHER SERVICES	2	2		33.44	16.72	.000	16.72	.00	
@PODIATRIST	232	363	\$	6,445.44	\$ 17.76	.018	\$ 27.78	\$.31	
MEDICINE/INJECTIONS	76	84		2,324.89	27.68	.004	30.59	.11	
SURGERY/ANES.	4	4		38.25	9.56	.000	9.56	.00	
RADIO./PATHOLOGY	6	8		138.40	17.30	.000	23.07	.01	
OTHER	164	267		3,943.90	14.77	.013	24.05	.19	
@HOME HEALTH AGENCY	120	10,394	\$	333,263.38	\$ 32.06	.506	\$ 2777.19	\$ 16.23	
NURSE ANESTHESIST	6	38	\$	568.21	\$ 14.95	.002	\$ 94.70	\$.03	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	11	16	\$	387.87	\$ 24.24	.001	\$ 35.26	\$.02	
@TOTAL HOSPITAL	3,876	34,047	\$	7,896,435.39	\$ 231.93	1.659	\$ 2037.26	\$ 384.67	
HOSP INPATIENT TOTAL	737	7,589		7,154,556.56	942.75	.370	9707.68	348.53	
HSC HOSPITALS	604	6,420		6,687,580.40	1041.68	.313	11072.15	325.78	
NON-HSC HOSPITAL TOTAL	50	509		380,495.79	747.54	.025	7609.92	18.54	
ACCOMMODATIONS	50	509		136,028.28	267.25	.025	2720.57	6.63	
ADMINISTRATIVE DAYS	30	382		87,420.19	228.85	.019	2914.01	4.26	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	21	127		48,608.09	382.74	.006	2314.67	2.37	
ANCILLARIES	50	0		244,467.51	.00	.000	4889.35	11.91	
INPATIENT CROSSOVERS	96	660		86,480.37	131.03	.032	900.84	4.21	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	

HOSP OUTPATIENT TOTAL	3,415	26,458		741,878.83	28.04	1.289	217.24	36.14	
MEDICAL	583	1,139		57,576.13	50.55	.055	98.76	2.80	
SURGERY	145	186		9,953.33	53.51	.009	68.64	.48	
PATHOLOGY	1,188	6,583		73,863.88	11.22	.321	62.17	3.60	
RADIOLOGY	701	1,666		139,223.34	83.57	.081	198.61	6.78	
ROOM USE	1,575	3,314		134,599.61	40.62	.161	85.46	6.56	
CROSSOVERS/ALL OTH OUTPTNT	2,082	13,570		326,662.54	24.07	.661	156.90	15.91	
@COUNTY HOSPITAL TOTAL	15	60	\$	19,206.73	\$ 320.11	.003	\$ 1280.45	\$.94	
CO HOSPITAL INPATIENT TOTAL	3	14		17,864.00	1276.00	.001	5954.67	.87	
HSC HOSPITALS	3	14		17,864.00	1276.00	.001	5954.67	.87	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	13	46		1,342.73	29.19	.002	103.29	.07	
MEDICAL	7	8		346.75	43.34	.000	49.54	.02	
SURGERY	2	3		165.27	55.09	.000	82.64	.01	
PATHOLOGY	3	5		38.82	7.76	.000	12.94	.00	
RADIOLOGY	1	2		50.52	25.26	.000	50.52	.00	
ROOM USE	9	11		503.57	45.78	.001	55.95	.02	
CROSSOVERS/ALL OTH OUTPTNT	4	17		237.80	13.99	.001	59.45	.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,983
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

	20,528 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,867	33,987	\$	7,877,228.66	\$ 231.77	1.656	\$ 2037.04	\$ 383.73
COMM HOSP INPATIENT TOTAL	735	7,575		7,136,692.56	942.14	.369	9709.79	347.66
HSC HOSPITALS	602	6,406		6,669,716.40	1041.17	.312	11079.26	324.91
NON-HSC HOSPITALS TOTAL	50	509		380,495.79	747.54	.025	7609.92	18.54
ACCOMMODATIONS	50	509		136,028.28	267.25	.025	2720.57	6.63
ADMINISTRATIVE DAYS	30	382		87,420.19	228.85	.019	2914.01	4.26
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	127		48,608.09	382.74	.006	2314.67	2.37
ANCILLARIES	50	0		244,467.51	.00	.000	4889.35	11.91
INPATIENT CROSSOVERS	96	660		86,480.37	131.03	.032	900.84	4.21
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,407	26,412		740,536.10	28.04	1.287	217.36	36.07
MEDICAL	576	1,131		57,229.38	50.60	.055	99.36	2.79
SURGERY	143	183		9,788.06	53.49	.009	68.45	.48
PATHOLOGY	1,185	6,578		73,825.06	11.22	.320	62.30	3.60
RADIOLOGY	700	1,664		139,172.82	83.64	.081	198.82	6.78
ROOM USE	1,569	3,303		134,096.04	40.60	.161	85.47	6.53
CROSSOVERS/ALL OTH OUTPTNT	2,081	13,553		326,424.74	24.09	.660	156.86	15.90
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	404	11,532	\$	1,837,365.71	\$ 159.33	.562	\$ 4547.93	\$ 89.51
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	27	858		377,767.32	440.29	.042	13991.38	18.40
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	381	10,674		1,459,598.39	136.74	.520	3830.97	71.10
@INTERMEDIATE CARE FACIL.-DD	24	744	\$	130,477.57	\$ 175.37	.036	\$ 5436.57	\$ 6.36

ICF DDH	4	147		21,487.04	146.17	.007	5371.76	1.05
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	20	597		108,990.53	182.56	.029	5449.53	5.31
@HEMODIALYSIS TOTAL	433	10,460	\$	684,338.73	\$ 65.42	.510	\$ 1580.46	\$ 33.34
HOSPITAL BASED	45	117		163,548.33	1397.85	.006	3634.41	7.97
HEMODIALYSIS CENTER	392	10,343		520,790.40	50.35	.504	1328.55	25.37
@REHABILITATION FACILITY	81	480	\$	10,049.79	\$ 20.94	.023	\$ 124.07	\$.49
HOSPITAL BASED	50	307		6,862.46	22.35	.015	137.25	.33
INDEPENDENT FACILITY	31	173		3,187.33	18.42	.008	102.82	.16
@LABORATORY FACILITY	538	3,394	\$	36,061.02	\$ 10.62	.165	\$ 67.03	\$ 1.76
PATHOLOGY	531	3,381		35,962.77	10.64	.165	67.73	1.75
XO AND OTHERS	7	13		98.25	7.56	.001	14.04	.00
@ORGANIZED OUTPATIENT CLINIC	1,160	2,112	\$	139,382.37	\$ 66.00	.103	\$ 120.16	\$ 6.79
CLINIC	53	166		3,547.01	21.37	.008	66.92	.17
SURGICENTER	29	107		5,634.51	52.66	.005	194.29	.27
HEROIN DETOX CLINIC	9	134		1,455.99	10.87	.007	161.78	.07
RURAL HEALTH CLINIC	1,076	1,705		128,744.86	75.51	.083	119.65	6.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							

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	20,528 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,732	174,698	\$	675,263.92	\$ 3.87	8.510	\$ 247.17	\$ 32.89
DURABLE MED. EQUIP.	171	658		129,639.57	197.02	.032	758.13	6.32
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	20	29		6,811.01	234.86	.001	340.55	.33
MEDICAL TRANSPORTATION	871	27,504		179,597.50	6.53	1.340	206.20	8.75
AMBULANCES/AIR TRANS	604	7,754		100,296.22	12.93	.378	166.05	4.89
OTHER TRANS	192	18,478		65,646.25	3.55	.900	341.91	3.20
OTHER SERVICES	122	1,272		13,655.03	10.74	.062	111.93	.67
ACUPUNCTURE	3	5		91.91	18.38	.000	30.64	.00
ADULT DAY HEALTH CARE CTR	128	1,948		135,270.52	69.44	.095	1056.80	6.59
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	23	54		6,364.65	117.86	.003	276.72	.31
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	572	1,339		17,205.76	12.85	.065	30.08	.84
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	14	35		559.59	15.99	.002	39.97	.03
PROSTHETIST/ORTHOTISTS	64	226		17,508.29	77.47	.011	273.57	.85
PROSTHETICS	63	224		17,436.77	77.84	.011	276.77	.85
ORTHOTICS	1	2		71.52	35.76	.000	71.52	.00
PSYCHOLOGIST	4	13		585.48	45.04	.001	146.37	.03
SPEECH AND AUDIOLOGY	87	276		13,782.11	49.94	.013	158.42	.67
HOSPICE SERVICES	22	497		62,387.26	125.53	.024	2835.78	3.04
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	268	6,447		34,484.66	5.35	.314	128.67	1.68
EPSDT SUPPLEMENTAL SERVICE	6	509		12,347.84	24.26	.025	2057.97	.60
RESPIRATORY CARE PRACT.	1	1		29.48	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	668	135,157		58,522.77	.43	6.584	87.61	2.85
@CALIF. CHILDREN SERVICES*	209	14,923	\$	241,849.35	\$ 16.21	.727	\$ 1157.17	\$ 11.78
@XOVER EXCLUDING STATE HOSP**	3,487	38,535	\$	638,545.62	\$ 16.57	1.877	\$ 183.12	\$ 31.11

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,985
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

----- MONTHLY AVERAGE -----

370,827 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	273,369	1,286,458 \$	70,615,346.93	\$ 54.89	3.469	\$ 258.32	\$ 190.43
@PHYSICIANS SERVICES	41,566	143,555 \$	7,367,176.71	\$ 51.32	.387	\$ 177.24	\$ 19.87
OUTPATIENT VISITS	27,003	62,477	1,927,031.32	30.84	.168	71.36	5.20
OFFICE VISITS	8,366	10,426	361,128.89	34.64	.028	43.17	.97
HOME VISITS	5	6	299.18	49.86	.000	59.84	.00
EMERGENCY ROOM	7,457	8,378	462,466.64	55.20	.023	62.02	1.25
PREVENTIVE CARE	80	85	3,437.09	40.44	.000	42.96	.01
OB VISITS/COMPRE PERI	8,479	38,652	952,985.53	24.66	.104	112.39	2.57
OTHER OUTPATIENT	4,235	4,930	146,713.99	29.76	.013	34.64	.40
INPATIENT VISITS	4,290	14,838	1,200,518.27	80.91	.040	279.84	3.24
HOSPITAL VISITS	4,002	10,652	509,315.48	47.81	.029	127.27	1.37
CRITICAL CARE	399	4,132	688,887.32	166.72	.011	1726.53	1.86
SNF/ICF/TRANS IP CARE	17	54	2,315.47	42.88	.000	136.20	.01
OPHTHALMOLOGICAL SERVICES	424	526	25,522.21	48.52	.001	60.19	.07

EXAMINATIONS	423	524	25,311.30	48.30	.001	59.84	.07
SERVICES AND MATERIALS	2	2	210.91	105.46	.000	105.46	.00
INPATIENT HOSPITAL SURGERY	4,253	15,305	2,327,479.51	152.07	.041	547.26	6.28
PRINCIPAL SURGEON	3,095	3,784	1,951,956.48	515.84	.010	630.68	5.26
ASSISTANT SURGEON	479	483	90,924.65	188.25	.001	189.82	.25
ANESTHESIOLOGIST	1,354	11,038	284,598.38	25.78	.030	210.19	.77
OUTPATIENT SURGERY	2,864	6,660	513,178.15	77.05	.018	179.18	1.38
PRINCIPAL SURGEON	2,396	3,188	427,000.01	133.94	.009	178.21	1.15
ASSISTANT SURGEON	28	28	3,952.30	141.15	.000	141.15	.01
ANESTHESIOLOGIST	840	3,444	82,225.84	23.88	.009	97.89	.22
DIALYSIS	97	247	45,953.20	186.05	.001	473.74	.12
PATHOLOGY	6,504	14,281	317,594.29	22.24	.039	48.83	.86
RADIOLOGY	10,075	15,337	598,815.26	39.04	.041	59.44	1.61
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	871	3,737	77,569.52	20.76	.010	89.06	.21
OTHER SERVICES/ALL X-OVERS	4,901	10,147	333,514.98	32.87	.027	68.05	.90
@PHARMACY	44,155	143,116	\$ 4,489,846.10	\$ 31.37	.386	\$ 101.68	\$ 12.11
PRESCRIPTION DRUGS	42,878	95,186	3,845,219.28	40.40	.257	89.68	10.37
SNF/ICF	69	480	30,295.32	63.12	.001	439.06	.08
OUTPATIENTS	42,819	94,706	3,814,923.96	40.28	.255	89.09	10.29
MEDICAL SUPPLIES	3,181	47,930	644,626.82	13.45	.129	202.65	1.74
@DENTIST	66,171	410,779	\$ 12,145,486.99	\$ 29.57	1.108	\$ 183.55	\$ 32.75
VISITS - DIAGNOSTIC	47,981	274,801	3,282,587.14	11.95	.741	68.41	8.85
ORAL SURGERY	9,947	19,437	1,207,368.90	62.12	.052	121.38	3.26
DRUGS	2,451	3,552	73,757.22	20.76	.010	30.09	.20
ANESTHESIA	674	690	66,800.00	96.81	.002	99.11	.18
PERIODONTICS	4,605	4,849	585,709.60	120.79	.013	127.19	1.58
ENDODONTICS	5,002	8,143	1,155,653.89	141.92	.022	231.04	3.12
RESTORATIVE DENTISTRY	25,705	88,120	5,007,220.78	56.82	.238	194.80	13.50
PROSTHETICS	245	265	5,945.00	22.43	.001	24.27	.02
DENTURES, STAYPLATES	1,003	3,956	291,100.85	73.58	.011	290.23	.79
SPACE MAINTAINERS	450	573	58,237.20	101.64	.002	129.42	.16
MAXILLOFACIAL SERVICES	416	429	43,287.32	100.90	.001	104.06	.12
FRACTURES, DISLOCATIONS	8	11	6,700.00	609.09	.000	837.50	.02
ORTHODONTIC SERVICES	3,489	4,293	355,419.09	82.79	.012	101.87	.96
ALL OTHER SERVICES	1,106	1,660	5,700.00	3.43	.004	5.15	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,986
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						

----- MONTHLY AVERAGE -----							
370,827 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,384	4,064	\$ 99,154.84	\$ 24.40	.011	\$ 71.64	\$.27
DIAGNOSTIC AND ANC. PROCED	1,181	1,187	55,601.29	46.84	.003	47.08	.15
EYE APPLIANCES	994	2,842	42,409.52	14.92	.008	42.67	.11
OTHER OPTOMETRIC SERVICES	33	35	1,144.03	32.69	.000	34.67	.00
@CHIROPRACTOR	1,220	2,053	\$ 34,094.32	\$ 16.61	.006	\$ 27.95	\$.09
VISITS	1,220	2,053	34,094.32	16.61	.006	27.95	.09
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	82	135	\$ 5,040.16	\$ 37.33	.000	\$ 61.47	\$.01
MEDICINE/INJECTIONS	78	88	3,038.74	34.53	.000	38.96	.01
SURGERY/ANES.	4	4	63.00	15.75	.000	15.75	.00
RADIO./PATHOLOGY	11	12	207.60	17.30	.000	18.87	.00
OTHER	15	31	1,730.82	55.83	.000	115.39	.00
@HOME HEALTH AGENCY	191	5,342	\$ 173,934.15	\$ 32.56	.014	\$ 910.65	\$.47
NURSE ANESTHESIST	239	1,103	\$ 27,424.70	\$ 24.86	.003	\$ 114.75	\$.07
NURSE MIDWIFE	13	33	\$ 3,383.74	\$ 102.54	.000	\$ 260.29	\$.01
PEDIATRIC NURSE PRACTITIONER	2	8	\$ 163.37	\$ 20.42	.000	\$ 81.69	\$.00
FAMILY NURSE PRACTITIONER	223	448	\$ 11,960.27	\$ 26.70	.001	\$ 53.63	\$.03
@TOTAL HOSPITAL	37,541	168,834	\$ 30,876,747.88	\$ 182.88	.455	\$ 822.48	\$ 83.26

HOSP INPATIENT TOTAL	4,910	19,914	26,893,777.71	1350.50	.054	5477.35	72.52
HSC HOSPITALS	4,151	17,378	23,933,756.34	1377.24	.047	5765.78	64.54
NON-HSC HOSPITAL TOTAL	779	2,536	2,958,341.37	1166.54	.007	3797.61	7.98
ACCOMMODATIONS	760	2,536	1,022,324.33	403.12	.007	1345.16	2.76
ADMINISTRATIVE DAYS	23	115	26,658.08	231.81	.000	1159.05	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	737	2,421	995,666.25	411.26	.007	1350.97	2.68
ANCILLARIES	777	0	1,936,017.04	.00	.000	2491.66	5.22
INPATIENT CROSSOVERS	2	0	1,680.00	.00	.000	840.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	34,914	148,920	3,982,970.17	26.75	.402	114.08	10.74
MEDICAL	5,150	7,925	341,443.33	43.08	.021	66.30	.92
SURGERY	2,257	3,234	141,213.38	43.67	.009	62.57	.38
PATHOLOGY	13,449	44,607	616,864.18	13.83	.120	45.87	1.66
RADIOLOGY	6,276	8,511	621,517.14	73.03	.023	99.03	1.68
ROOM USE	23,832	34,890	1,365,364.59	39.13	.094	57.29	3.68
CROSSOVERS/ALL OTH OUTPTNT	17,180	49,753	896,567.55	18.02	.134	52.19	2.42
@COUNTY HOSPITAL TOTAL	92	369	\$ 102,537.10	\$ 277.88	.001	\$ 1114.53	\$.28
CO HOSPITAL INPATIENT TOTAL	15	73	92,176.15	1262.69	.000	6145.08	.25
HSC HOSPITALS	15	73	92,176.15	1262.69	.000	6145.08	.25
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	82	296	10,360.95	35.00	.001	126.35	.03
MEDICAL	13	19	706.43	37.18	.000	54.34	.00
SURGERY	6	6	269.23	44.87	.000	44.87	.00
PATHOLOGY	28	120	1,448.32	12.07	.000	51.73	.00
RADIOLOGY	16	23	1,239.69	53.90	.000	77.48	.00
ROOM USE	50	64	2,572.47	40.19	.000	51.45	.01
CROSSOVERS/ALL OTH OUTPTNT	41	64	4,124.81	64.45	.000	100.61	.01
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FRESNO COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						

	370,827 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	37,463	168,465	\$	30,774,210.78	\$ 182.67	.454	\$ 821.46	\$ 82.99
COMM HOSP INPATIENT TOTAL	4,896	19,841		26,801,601.56	1350.82	.054	5474.18	72.28
HSC HOSPITALS	4,137	17,305		23,841,580.19	1377.73	.047	5763.01	64.29
NON-HSC HOSPITALS TOTAL	779	2,536		2,958,341.37	1166.54	.007	3797.61	7.98
ACCOMMODATIONS	760	2,536		1,022,324.33	403.12	.007	1345.16	2.76
ADMINISTRATIVE DAYS	23	115		26,658.08	231.81	.000	1159.05	.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	737	2,421		995,666.25	411.26	.007	1350.97	2.68
ANCILLARIES	777	0		1,936,017.04	.00	.000	2491.66	5.22
INPATIENT CROSSOVERS	2	0		1,680.00	.00	.000	840.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	34,842	148,624		3,972,609.22	26.73	.401	114.02	10.71
MEDICAL	5,137	7,906		340,736.90	43.10	.021	66.33	.92
SURGERY	2,251	3,228		140,944.15	43.66	.009	62.61	.38
PATHOLOGY	13,422	44,487		615,415.86	13.83	.120	45.85	1.66
RADIOLOGY	6,263	8,488		620,277.45	73.08	.023	99.04	1.67
ROOM USE	23,784	34,826		1,362,792.12	39.13	.094	57.30	3.68
CROSSOVERS/ALL OTH OUTPTNT	17,141	49,689		892,442.74	17.96	.134	52.06	2.41
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	36	1,077	\$	368,804.25	\$ 342.44	.003	\$ 10244.56	\$.99
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	8	114		57,297.97	502.61	.000	7162.25	.15
LEV B-SUBACUTE HSPTL BASED	13	507		252,993.95	499.00	.001	19461.07	.68
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	16	456		58,512.33	128.32	.001	3657.02	.16
@INTERMEDIATE CARE FACIL.-DD	14	416	\$	150,583.84	\$ 361.98	.001	\$ 10755.99	\$.41
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	14	416		150,583.84	361.98	.001	10755.99	.41
@HEMODIALYSIS TOTAL	118	751	\$	276,231.95	\$ 367.82	.002	\$ 2340.95	\$.74
HOSPITAL BASED	70	149		231,350.11	1552.69	.000	3305.00	.62
HEMODIALYSIS CENTER	52	602		44,881.84	74.55	.002	863.11	.12
@REHABILITATION FACILITY	486	2,607	\$	63,242.89	\$ 24.26	.007	\$ 130.13	\$.17
HOSPITAL BASED	343	1,560		46,730.96	29.96	.004	136.24	.13
INDEPENDENT FACILITY	143	1,047		16,511.93	15.77	.003	115.47	.04
@LABORATORY FACILITY	7,574	25,134	\$	366,033.34	\$ 14.56	.068	\$ 48.33	\$.99
PATHOLOGY	7,537	25,090		363,415.34	14.48	.068	48.22	.98
XO AND OTHERS	47	44		2,618.00	59.50	.000	55.70	.01
@ORGANIZED OUTPATIENT CLINIC	88,152	137,219	\$	11,794,394.06	\$ 85.95	.370	\$ 133.80	\$ 31.81
CLINIC	1,080	4,213		102,010.55	24.21	.011	94.45	.28
SURGICENTER	55	294		19,973.81	67.94	.001	363.16	.05
HEROIN DETOX CLINIC	46	598		6,628.04	11.08	.002	144.09	.02
RURAL HEALTH CLINIC	87,077	132,114		11,665,781.66	88.30	.356	133.97	31.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,988
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K							

	370,827 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	48,879	239,784	\$	2,361,643.37	\$ 9.85	.647	\$ 48.32	\$ 6.37
DURABLE MED. EQUIP.	391	1,130		131,473.14	116.35	.003	336.25	.35
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2,193	25,933		361,643.49	13.95	.070	164.91	.98
AMBULANCES/AIR TRANS	2,182	25,651		296,319.03	11.55	.069	135.80	.80
OTHER TRANS	9	241		570.77	2.37	.001	63.42	.00
OTHER SERVICES	41	41		64,753.69	1579.36	.000	1579.36	.17
ACUPUNCTURE	74	137		2,589.68	18.90	.000	35.00	.01
ADULT DAY HEALTH CARE CTR	25	378		26,267.34	69.49	.001	1050.69	.07
GENETIC DISEASE TESTING	2,752	2,758		284,308.50	103.09	.007	103.31	.77
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	11,408	24,560		239,154.15	9.74	.066	20.96	.64
PHYSICAL THERAPIST	88	276		15,143.82	54.87	.001	172.09	.04
PORTABLE X-RAY	2	7		159.20	22.74	.000	79.60	.00
PROSTHETIST/ORTHOTISTS	1,131	2,480		161,581.68	65.15	.007	142.87	.44
PROSTHETICS	461	1,627		83,625.44	51.40	.004	181.40	.23
ORTHOTICS	846	853		77,956.24	91.39	.002	92.15	.21
PSYCHOLOGIST	1	4		275.41	68.85	.000	275.41	.00
SPEECH AND AUDIOLOGY	37	79		14,113.58	178.65	.000	381.45	.04
HOSPICE SERVICES	2	8		4,224.56	528.07	.000	2112.28	.01
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	31,330	107,441		1,080,642.67	10.06	.290	34.49	2.91
EPSDT SUPPLEMENTAL SERVICE	2	474		11,575.08	24.42	.001	5787.54	.03
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	88	74,119		28,491.07		.38	.200	323.76	.08
@CALIF. CHILDREN SERVICES*	7,094	132,032	\$	17,021,608.39	\$	128.92	.356	\$ 2399.44	\$ 45.90
@XOVER EXCLUDING STATE HOSP**	90	306	\$	21,275.75	\$	69.53	.001	\$ 236.40	\$.06

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 FRESNO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

425,195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	313,585	2,363,712	\$ 101,055,835.25	\$ 42.75	5.559	\$ 322.26	\$ 237.67
@PHYSICIANS SERVICES	53,458	211,987	\$ 9,353,952.66	\$ 44.13	.499	\$ 174.98	\$ 22.00
OUTPATIENT VISITS	31,512	69,510	2,196,997.06	31.61	.163	69.72	5.17
OFFICE VISITS	11,363	14,746	502,009.87	34.04	.035	44.18	1.18
HOME VISITS	14	17	847.78	49.87	.000	60.56	.00
EMERGENCY ROOM	8,562	9,855	565,298.74	57.36	.023	66.02	1.33
PREVENTIVE CARE	80	85	3,437.09	40.44	.000	42.96	.01
OB VISITS/COMPRE PERI	8,481	38,665	953,334.69	24.66	.091	112.41	2.24
OTHER OUTPATIENT	5,052	6,142	172,068.89	28.02	.014	34.06	.40
INPATIENT VISITS	5,343	20,419	1,434,611.09	70.26	.048	268.50	3.37
HOSPITAL VISITS	4,964	15,796	709,073.75	44.89	.037	142.84	1.67
CRITICAL CARE	477	4,359	715,077.37	164.05	.010	1499.11	1.68
SNF/ICF/TRANS IP CARE	110	264	10,459.97	39.62	.001	95.09	.02
OPHTHALMOLOGICAL SERVICES	692	856	39,409.88	46.04	.002	56.95	.09
EXAMINATIONS	691	854	39,198.97	45.90	.002	56.73	.09
SERVICES AND MATERIALS	2	2	210.91	105.46	.000	105.46	.00
INPATIENT HOSPITAL SURGERY	4,808	18,453	2,653,537.06	143.80	.043	551.90	6.24
PRINCIPAL SURGEON	3,575	5,164	2,241,037.73	433.97	.012	626.86	5.27
ASSISTANT SURGEON	545	561	106,570.19	189.96	.001	195.54	.25
ANESTHESIOLOGIST	1,442	12,728	305,929.14	24.04	.030	212.16	.72
OUTPATIENT SURGERY	3,525	7,909	703,241.00	88.92	.019	199.50	1.65
PRINCIPAL SURGEON	3,004	3,970	604,244.69	152.20	.009	201.15	1.42
ASSISTANT SURGEON	34	37	5,606.06	151.52	.000	164.88	.01
ANESTHESIOLOGIST	923	3,902	93,390.25	23.93	.009	101.18	.22
DIALYSIS	392	1,308	139,258.45	106.47	.003	355.25	.33
PATHOLOGY	7,694	17,942	367,306.10	20.47	.042	47.74	.86
RADIOLOGY	12,296	21,508	798,380.99	37.12	.051	64.93	1.88
PSYCHIATRY	1	2	83.38	41.69	.000	83.38	.00
IMMUNIZATION AND INJECTION	1,164	9,097	253,747.77	27.89	.021	218.00	.60
OTHER SERVICES/ALL X-OVERS	11,252	44,983	767,379.88	17.06	.106	68.20	1.80
@PHARMACY	75,004	566,452	\$ 13,753,724.92	\$ 24.28	1.332	\$ 183.37	\$ 32.35
PRESCRIPTION DRUGS	72,949	222,987	12,663,454.57	56.79	.524	173.59	29.78
SNF/ICF	1,275	7,841	483,897.55	61.71	.018	379.53	1.14
OUTPATIENTS	71,772	215,146	12,179,557.02	56.61	.506	169.70	28.64
MEDICAL SUPPLIES	7,296	343,465	1,090,270.35	3.17	.808	149.43	2.56
@DENTIST	69,267	425,322	\$ 12,827,753.83	\$ 30.16	1.000	\$ 185.19	\$ 30.17
VISITS - DIAGNOSTIC	49,902	282,675	3,378,456.41	11.95	.665	67.70	7.95
ORAL SURGERY	10,514	21,258	1,303,195.19	61.30	.050	123.95	3.06
DRUGS	2,452	3,553	73,772.22	20.76	.008	30.09	.17
ANESTHESIA	684	700	67,700.00	96.71	.002	98.98	.16
PERIODONTICS	4,982	5,252	636,531.10	121.20	.012	127.77	1.50
ENDODONTICS	5,140	8,339	1,198,854.39	143.76	.020	233.24	2.82
RESTORATIVE DENTISTRY	26,521	90,501	5,197,162.03	57.43	.213	195.96	12.22
PROSTHETICS	282	304	7,035.00	23.14	.001	24.95	.02
DENTURES, STAYPLATES	1,568	5,690	495,291.80	87.05	.013	315.87	1.16
SPACE MAINTAINERS	450	573	58,237.20	101.64	.001	129.42	.14
MAXILLOFACIAL SERVICES	418	431	43,699.40	101.39	.001	104.54	.10
FRACTURES, DISLOCATIONS	8	11	6,700.00	609.09	.000	837.50	.02

ORTHODONTIC SERVICES	3,490	4,294	355,419.09	82.77	.010	101.84	.84
ALL OTHER SERVICES	1,157	1,741	5,700.00	3.27	.004	4.93	.01

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

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425,195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,381	6,730	\$ 155,556.46	\$ 23.11	.016	\$ 65.33	\$.37
DIAGNOSTIC AND ANC. PROCED	1,581	1,593	73,151.20	45.92	.004	46.27	.17
EYE APPLIANCES	1,687	4,827	76,241.01	15.79	.011	45.19	.18
OTHER OPTOMETRIC SERVICES	212	310	6,164.25	19.88	.001	29.08	.01
@CHIROPRACTOR	1,270	2,146	\$ 35,517.57	\$ 16.55	.005	\$ 27.97	\$.08
VISITS	1,261	2,126	35,312.36	16.61	.005	28.00	.08
OTHER SERVICES	11	20	205.21	10.26	.000	18.66	.00
@PODIATRIST	651	969	\$ 19,064.27	\$ 19.67	.002	\$ 29.28	\$.04

MEDICINE/INJECTIONS	215	239		7,448.50	31.17	.001	34.64	.02
SURGERY/ANES.	13	15		752.52	50.17	.000	57.89	.00
RADIO./PATHOLOGY	24	27		467.10	17.30	.000	19.46	.00
OTHER	457	688		10,396.15	15.11	.002	22.75	.02
@HOME HEALTH AGENCY	377	16,192	\$	539,900.98	33.34	.038	\$ 1432.10	\$ 1.27
NURSE ANESTHESIST	260	1,245	\$	29,193.57	23.45	.003	\$ 112.28	\$.07
NURSE MIDWIFE	13	33	\$	3,383.74	102.54	.000	\$ 260.29	\$.01
PEDIATRIC NURSE PRACTITIONER	2	8	\$	163.37	20.42	.000	\$ 81.69	\$.00
FAMILY NURSE PRACTITIONER	249	497	\$	13,172.92	26.50	.001	\$ 52.90	\$.03
@TOTAL HOSPITAL	45,359	223,607	\$	41,643,270.28	186.23	.526	\$ 918.08	\$ 97.94
HOSP INPATIENT TOTAL	6,103	30,386		36,376,809.41	1197.16	.071	5960.48	85.55
HSC HOSPITALS	5,031	25,514		32,463,079.88	1272.36	.060	6452.61	76.35
NON-HSC HOSPITAL TOTAL	867	3,301		3,709,955.02	1123.89	.008	4279.07	8.73
ACCOMMODATIONS	848	3,301		1,268,003.25	384.13	.008	1495.29	2.98
ADMINISTRATIVE DAYS	59	529		121,329.37	229.36	.001	2056.43	.29
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	790	2,772		1,146,673.88	413.66	.007	1451.49	2.70
ANCILLARIES	865	0		2,441,951.77	.00	.000	2823.07	5.74
INPATIENT CROSSOVERS	245	1,571		203,774.51	129.71	.004	831.73	.48
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	42,017	193,221		5,266,460.87	27.26	.454	125.34	12.39
MEDICAL	6,298	10,094		449,886.27	44.57	.024	71.43	1.06
SURGERY	2,556	3,588		163,680.90	45.62	.008	64.04	.38
PATHOLOGY	15,622	55,436		740,297.99	13.35	.130	47.39	1.74
RADIOLOGY	7,708	11,579		870,849.73	75.21	.027	112.98	2.05
ROOM USE	27,000	40,814		1,606,154.37	39.35	.096	59.49	3.78
CROSSOVERS/ALL OTH OUTPTNT	21,510	71,710		1,435,591.61	20.02	.169	66.74	3.38
@COUNTY HOSPITAL TOTAL	128	528	\$	134,829.25	255.36	.001	\$ 1053.35	\$.32
CO HOSPITAL INPATIENT TOTAL	22	96		120,875.15	1259.12	.000	5494.33	.28
HSC HOSPITALS	22	96		120,875.15	1259.12	.000	5494.33	.28
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	113	432		13,954.10	32.30	.001	123.49	.03
MEDICAL	23	35		1,351.67	38.62	.000	58.77	.00
SURGERY	8	9		434.50	48.28	.000	54.31	.00
PATHOLOGY	35	155		1,847.30	11.92	.000	52.78	.00
RADIOLOGY	19	31		1,942.52	62.66	.000	102.24	.00
ROOM USE	65	85		3,443.17	40.51	.000	52.97	.01
CROSSOVERS/ALL OTH OUTPTNT	57	117		4,934.94	42.18	.000	86.58	.01
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				----- MONTHLY AVERAGE -----			
425,195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	45,251	223,079	\$ 41,508,441.03	\$ 186.07	.525	\$ 917.29	\$ 97.62
COMM HOSP INPATIENT TOTAL	6,083	30,290	36,255,934.26	1196.96	.071	5960.21	85.27
HSC HOSPITALS	5,011	25,418	32,342,204.73	1272.41	.060	6454.24	76.06
NON-HSC HOSPITALS TOTAL	867	3,301	3,709,955.02	1123.89	.008	4279.07	8.73
ACCOMMODATIONS	848	3,301	1,268,003.25	384.13	.008	1495.29	2.98
ADMINISTRATIVE DAYS	59	529	121,329.37	229.36	.001	2056.43	.29
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	790	2,772	1,146,673.88	413.66	.007	1451.49	2.70
ANCILLARIES	865	0	2,441,951.77	.00	.000	2823.07	5.74

INPATIENT CROSSOVERS	245	1,571		203,774.51	129.71	.004	831.73	.48
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	41,919	192,789		5,252,506.77	27.24	.453	125.30	12.35
MEDICAL	6,275	10,059		448,534.60	44.59	.024	71.48	1.05
SURGERY	2,548	3,579		163,246.40	45.61	.008	64.07	.38
PATHOLOGY	15,588	55,281		738,450.69	13.36	.130	47.37	1.74
RADIOLOGY	7,692	11,548		868,907.21	75.24	.027	112.96	2.04
ROOM USE	26,940	40,729		1,602,711.20	39.35	.096	59.49	3.77
CROSSOVERS/ALL OTH OUTPTNT	21,458	71,593		1,430,656.67	19.98	.168	66.67	3.36
@STATE HOSPITAL	0	0	\$	.00	\$	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1,255	32,187	\$	4,704,115.57	\$	.076	3748.30	\$ 11.06
LEV A-INTERMEDIATE	2	68		6,054.28	89.03	.000	3027.14	.01
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	8	114		57,297.97	502.61	.000	7162.25	.13
LEV B-SUBACUTE HSPTL BASED	40	1,365		630,761.27	462.10	.003	15769.03	1.48
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,211	30,640		4,010,002.05	130.87	.072	3311.31	9.43
@INTERMEDIATE CARE FACIL.-DD	39	1,219	\$	291,816.32	\$	.003	7482.47	\$.69
ICF DDH	4	147		21,487.04	146.17	.000	5371.76	.05
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	35	1,072		270,329.28	252.17	.003	7723.69	.64
@HEMODIALYSIS TOTAL	733	16,078	\$	1,266,647.34	\$	.038	1728.03	\$ 2.98
HOSPITAL BASED	140	312		495,672.48	1588.69	.001	3540.52	1.17
HEMODIALYSIS CENTER	601	15,766		770,974.86	48.90	.037	1282.82	1.81
@REHABILITATION FACILITY	585	3,148	\$	75,041.11	\$	.007	128.28	\$.18
HOSPITAL BASED	411	1,928		55,341.85	28.70	.005	134.65	.13
INDEPENDENT FACILITY	174	1,220		19,699.26	16.15	.003	113.21	.05
@LABORATORY FACILITY	8,767	32,700	\$	442,624.76	\$	.077	50.49	\$ 1.04
PATHOLOGY	8,716	32,624		439,866.85	13.48	.077	50.47	1.03
XO AND OTHERS	61	76		2,757.91	36.29	.000	45.21	.01
@ORGANIZED OUTPATIENT CLINIC	91,155	142,602	\$	12,124,580.48	\$	.335	133.01	\$ 28.52
CLINIC	1,167	4,541		108,236.79	23.84	.011	92.75	.25
SURGICENTER	172	677		40,465.24	59.77	.002	235.26	.10
HEROIN DETOX CLINIC	56	745		8,241.97	11.06	.002	147.18	.02
RURAL HEALTH CLINIC	89,885	136,639		11,967,636.48	87.59	.321	133.14	28.15

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,992
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

					----- MONTHLY AVERAGE -----			
425,195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	54,464	680,589	\$ 3,776,325.62	\$ 5.55	1.601	\$ 69.34	\$ 8.88	
DURABLE MED. EQUIP.	686	2,057	313,173.41	152.25	.005	456.52	.74	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	87	106	52,258.10	493.00	.000	600.67	.12	
MEDICAL TRANSPORTATION	3,685	81,155	672,282.79	8.28	.191	182.44	1.58	
AMBULANCES/AIR TRANS	3,093	36,534	438,773.63	12.01	.086	141.86	1.03	
OTHER TRANS	427	42,040	139,939.73	3.33	.099	327.73	.33	
OTHER SERVICES	285	2,581	93,569.43	36.25	.006	328.31	.22	
ACUPUNCTURE	89	164	3,114.10	18.99	.000	34.99	.01	
ADULT DAY HEALTH CARE CTR	472	7,245	502,588.63	69.37	.017	1064.81	1.18	
GENETIC DISEASE TESTING	2,753	2,759	284,413.50	103.09	.006	103.31	.67	
IHMC,MODEL-NF,NF,AIDS,MSSP	138	326	36,528.56	112.05	.001	264.70	.09	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	12,724	27,650	284,845.16	10.30	.065	22.39	.67	
PHYSICAL THERAPIST	88	276	15,143.82	54.87	.001	172.09	.04	
PORTABLE X-RAY	40	114	1,029.49	9.03	.000	25.74	.00	
PROSTHETIST/ORTHOTISTS	1,241	2,801	181,625.80	64.84	.007	146.35	.43	

PROSTHETICS	569	1,945	103,503.04	53.21	.005	181.90	.24
ORTHOTICS	848	856	78,122.76	91.26	.002	92.13	.18
PSYCHOLOGIST	5	17	860.89	50.64	.000	172.18	.00
SPEECH AND AUDIOLOGY	264	587	47,547.72	81.00	.001	180.11	.11
HOSPICE SERVICES	36	702	88,222.67	125.67	.002	2450.63	.21
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	31,599	114,077	1,115,527.80	9.78	.268	35.30	2.62
EPSDT SUPPLEMENTAL SERVICE	8	983	23,922.92	24.34	.002	2990.37	.06
RESPIRATORY CARE PRACT.	1	1	29.48	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,600	439,570	153,240.26	.35	1.034	95.78	.36
@CALIF. CHILDREN SERVICES*	7,308	146,960	\$ 17,263,637.83	\$ 117.47	.346	\$ 2362.29	\$ 40.60
@XOVER EXCLUDING STATE HOSP**	8,455	90,177	\$ 1,450,060.85	\$ 16.08	.212	\$ 171.50	\$ 3.41

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,993
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

450 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	606	12,813	\$ 618,232.14	\$ 48.25	28.473	\$ 1020.19	\$ 1373.85
@PHYSICIANS SERVICES	99	652	\$ 11,184.78	\$ 17.15	1.449	\$ 112.98	\$ 24.86
OUTPATIENT VISITS	4	4	166.34	41.59	.009	41.59	.37
OFFICE VISITS	2	2	.00	.00	.004	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	166.34	83.17	.004	83.17	.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	25	845.90	33.84	.056	281.97	1.88
HOSPITAL VISITS	2	14	595.40	42.53	.031	297.70	1.32
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	11	250.50	22.77	.024	250.50	.56
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	37	745.89	20.16	.082	745.89	1.66
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	37	745.89	20.16	.082	745.89	1.66
OUTPATIENT SURGERY	2	4	1,123.17	280.79	.009	561.59	2.50
PRINCIPAL SURGEON	1	1	1,005.21	1005.21	.002	1005.21	2.23
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	117.96	39.32	.007	117.96	.26
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	17.00CR	5.67CR	.007	8.50CR	.04CR
RADIOLOGY	2	6	100.25	16.71	.013	50.13	.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	93	573	8,220.23	14.35	1.273	88.39	18.27
@PHARMACY	279	2,780	\$ 82,883.60	\$ 29.81	6.178	\$ 297.07	\$ 184.19
PRESCRIPTION DRUGS	262	1,459	79,975.80	54.82	3.242	305.25	177.72
SNF/ICF	153	979	43,991.76	44.94	2.176	287.53	97.76
OUTPATIENTS	121	480	35,984.04	74.97	1.067	297.39	79.96
MEDICAL SUPPLIES	29	1,321	2,907.80	2.20	2.936	100.27	6.46
@DENTIST	83	334	\$ 11,883.00	\$ 35.58	.742	\$ 143.17	\$ 26.41
VISITS - DIAGNOSTIC	54	142	1,173.00	8.26	.316	21.72	2.61
ORAL SURGERY	20	81	3,356.00	41.43	.180	167.80	7.46

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	.00	.00	.004	.00	.00
PERIODONTICS	3	3	291.00	97.00	.007	97.00	.65
ENDODONTICS	1	1	.00	.00	.002	.00	.00
RESTORATIVE DENTISTRY	18	64	2,633.00	41.14	.142	146.28	5.85
PROSTHETICS	1	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	20	31	4,430.00	142.90	.069	221.50	9.84
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	.00	.00	.002	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	7	9	.00	.00	.020	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,994
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

450 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	21	\$ 459.67	\$ 21.89	.047	\$ 51.07	\$ 1.02
DIAGNOSTIC AND ANC. PROCED	5	5	225.39	45.08	.011	45.08	.50
EYE APPLIANCES	4	12	202.18	16.85	.027	50.55	.45
OTHER OPTOMETRIC SERVICES	2	4	32.10	8.03	.009	16.05	.07
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	12	13	\$ 87.29	\$ 6.71	.029	\$ 7.27	\$.19
MEDICINE/INJECTIONS	1	1	21.40	21.40	.002	21.40	.05
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	12	65.89	5.49	.027	5.99	.15
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	75	546	\$ 37,821.60	\$ 69.27	1.213	\$ 504.29	\$ 84.05
HOSP INPATIENT TOTAL	23	224	28,506.28	127.26	.498	1239.40	63.35
HSC HOSPITALS	2	8	9,400.00	1175.00	.018	4700.00	20.89
NON-HSC HOSPITAL TOTAL	1	2	.00	.00	.004	.00	.00
ACCOMMODATIONS	1	2	.00	.00	.004	.00	.00
ADMINISTRATIVE DAYS	1	2	.00	.00	.004	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	21	214	19,106.28	89.28	.476	909.82	42.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	56	322	9,315.32	28.93	.716	166.35	20.70
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	188.79	188.79	.002	188.79	.42
PATHOLOGY	1	1	9.30	9.30	.002	9.30	.02
RADIOLOGY	1	2	98.64	49.32	.004	98.64	.22
ROOM USE	3	4	242.84	60.71	.009	80.95	.54
CROSSOVERS/ALL OTH OUTPTNT	55	314	8,775.75	27.95	.698	159.56	19.50
@COUNTY HOSPITAL TOTAL	4	9	\$ 16.23	\$ 1.80	.020	\$ 4.06	\$.04
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	9	16.23	1.80	.020	4.06	.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	9	16.23	1.80	.020	4.06	.04

450 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

UNITS/DAYS

COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	537	\$	37,805.37	\$ 70.40	1.193	\$ 532.47	\$ 84.01
COMM HOSP INPATIENT TOTAL	23	224		28,506.28	127.26	.498	1239.40	63.35
HSC HOSPITALS	2	8		9,400.00	1175.00	.018	4700.00	20.89
NON-HSC HOSPITALS TOTAL	1	2		.00	.00	.004	.00	.00
ACCOMMODATIONS	1	2		.00	.00	.004	.00	.00
ADMINISTRATIVE DAYS	1	2		.00	.00	.004	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	21	214		19,106.28	89.28	.476	909.82	42.46
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	52	313		9,299.09	29.71	.696	178.83	20.66
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		188.79	188.79	.002	188.79	.42
PATHOLOGY	1	1		9.30	9.30	.002	9.30	.02
RADIOLOGY	1	2		98.64	49.32	.004	98.64	.22
ROOM USE	3	4		242.84	60.71	.009	80.95	.54
CROSSOVERS/ALL OTH OUTPTNT	51	305		8,759.52	28.72	.678	171.76	19.47
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	159	4,308	\$	451,321.18	\$ 104.76	9.573	\$ 2838.50	\$ 1002.94
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	159	4,308		451,321.18	104.76	9.573	2838.50	1002.94
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	7	\$	1,633.79	\$ 233.40	.016	\$ 326.76	\$ 3.63
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	5	7		1,633.79	233.40	.016	326.76	3.63
@REHABILITATION FACILITY	1	1	\$	38.11	\$ 38.11	.002	\$ 38.11	\$.08
HOSPITAL BASED	1	1		38.11	38.11	.002	38.11	.08
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	30	44	\$	2,138.13	\$ 48.59	.098	\$ 71.27	\$ 4.75
CLINIC	1	6		54.14	9.02	.013	54.14	.12
SURGICENTER	3	3		577.09	192.36	.007	192.36	1.28
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	26	35		1,506.90	43.05	.078	57.96	3.35

#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - AGED

AID CODE 17 1Y

PAGE 2,996 01/29/04

450 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	85	4,107	\$ 18,780.99	\$ 4.57	9.127	\$ 220.95	\$ 41.74
DURABLE MED. EQUIP.	3	8	2,098.96	262.37	.018	699.65	4.66
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	6	3,877.13	646.19	.013	775.43	8.62
MEDICAL TRANSPORTATION	45	2,143	7,194.73	3.36	4.762	159.88	15.99
AMBULANCES/AIR TRANS	17	244	2,591.91	10.62	.542	152.47	5.76
OTHER TRANS	28	1,799	4,395.63	2.44	3.998	156.99	9.77

OTHER SERVICES	5	100		207.19	2.07	.222	41.44	.46
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4	41		2,785.61	67.94	.091	696.40	6.19
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	8	19		300.18	15.80	.042	37.52	.67
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1		1.22	1.22	.002	1.22	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1		23.32	23.32	.002	23.32	.05
HOSPICE SERVICES	1	30		2,006.96	66.90	.067	2006.96	4.46
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	1,858		492.88	.27	4.129	27.38	1.10
@CALIF. CHILDREN SERVICES*	0	0	\$.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	209	1,058	\$	94,941.72	\$ 89.74	2.351	\$ 454.27	\$ 210.98

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 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,997
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 FRESNO COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7	443	\$ 1,354.38	\$ 3.06	443.000	\$ 193.48	\$ 1354.38
@PHYSICIANS SERVICES	5	21	\$ 74.77	\$ 3.56	21.000	\$ 14.95	\$ 74.77
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	21		74.77		3.56	21.000	14.95	74.77
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND								
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01/29/04

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,999
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	2	\$ 308.51	\$ 154.26	2.000	\$ 308.51	\$ 308.51

HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	1	2		308.51		154.26	2.000	308.51	308.51
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	.00	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003					PAGE 3,000
MOP024				FEE-FOR-SERVICE/DENTAL					01/29/04
FRESNO COUNTY				SUMMARY OF SERVICES FOR MN - SOC - BLIND					AID CODE 27

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	420	\$ 971.10	\$ 2.31	420.000	\$ 971.10	\$ 971.10
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	420	971.10	2.31	420.000	971.10	971.10
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	420	971.10	2.31	420.000	971.10	971.10
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	6	23	\$ 383.28	\$ 16.66	23.000	\$ 63.88	\$ 383.28

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,001
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

531 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	917	20,326	\$ 1,405,603.32	\$ 69.15	38.279	\$ 1532.83	\$ 2647.09
@PHYSICIANS SERVICES	391	2,722	\$ 105,304.30	\$ 38.69	5.126	\$ 269.32	\$ 198.31
OUTPATIENT VISITS	118	183	9,339.04	51.03	.345	79.14	17.59
OFFICE VISITS	36	56	1,725.04	30.80	.105	47.92	3.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	69	84	6,680.32	79.53	.158	96.82	12.58
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	32	43	933.68	21.71	.081	29.18	1.76
INPATIENT VISITS	87	465	21,225.11	45.65	.876	243.97	39.97
HOSPITAL VISITS	81	433	17,866.19	41.26	.815	220.57	33.65
CRITICAL CARE	8	28	3,238.62	115.67	.053	404.83	6.10
SNF/ICF/TRANS IP CARE	3	4	120.30	30.08	.008	40.10	.23
OPHTHALMOLOGICAL SERVICES	4	5	242.24	48.45	.009	60.56	.46
EXAMINATIONS	4	5	242.24	48.45	.009	60.56	.46
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	43	152	17,863.16	117.52	.286	415.42	33.64
PRINCIPAL SURGEON	38	65	14,831.79	228.18	.122	390.31	27.93

ASSISTANT SURGEON	4	6	1,137.37	189.56	.011	284.34	2.14
ANESTHESIOLOGIST	6	81	1,894.00	23.38	.153	315.67	3.57
OUTPATIENT SURGERY	25	164	4,871.05	29.70	.309	194.84	9.17
PRINCIPAL SURGEON	22	37	4,322.08	116.81	.070	196.46	8.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	127	548.97	4.32	.239	137.24	1.03
DIALYSIS	6	19	1,192.24	62.75	.036	198.71	2.25
PATHOLOGY	37	97	2,743.62	28.28	.183	74.15	5.17
RADIOLOGY	106	350	14,619.48	41.77	.659	137.92	27.53
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	437	10,572.49	24.19	.823	1174.72	19.91
OTHER SERVICES/ALL X-OVERS	200	850	22,635.87	26.63	1.601	113.18	42.63
@PHARMACY	398	4,521	\$ 311,602.05	\$ 68.92	8.514	\$ 782.92	\$ 586.82
PRESCRIPTION DRUGS	379	2,138	293,752.28	137.40	4.026	775.07	553.21
SNF/ICF	44	347	31,109.53	89.65	.653	707.03	58.59
OUTPATIENTS	337	1,791	262,642.75	146.65	3.373	779.36	494.62
MEDICAL SUPPLIES	72	2,383	17,849.77	7.49	4.488	247.91	33.62
@DENTIST	85	379	\$ 9,413.00	\$ 24.84	.714	\$ 110.74	\$ 17.73
VISITS - DIAGNOSTIC	53	204	1,503.00	7.37	.384	28.36	2.83
ORAL SURGERY	15	51	1,200.00	23.53	.096	80.00	2.26
DRUGS	1	1	15.00	15.00	.002	15.00	.03
ANESTHESIA	1	1	100.00	100.00	.002	100.00	.19
PERIODONTICS	4	4	436.00	109.00	.008	109.00	.82
ENDODONTICS	4	6	176.00	29.33	.011	44.00	.33
RESTORATIVE DENTISTRY	22	77	3,863.00	50.17	.145	175.59	7.27
PROSTHETICS	1	1	30.00	30.00	.002	30.00	.06
DENTURES, STAYPLATES	8	30	2,040.00	68.00	.056	255.00	3.84
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2	50.00	25.00	.004	50.00	.09
ALL OTHER SERVICES	2	2	.00	.00	.004	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,002
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

531 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	14	\$	243.56	\$ 17.40	.026	\$ 34.79	\$.46
DIAGNOSTIC AND ANC. PROCED	2	2		55.46	27.73	.004	27.73	.10
EYE APPLIANCES	4	10		180.64	18.06	.019	45.16	.34
OTHER OPTOMETRIC SERVICES	1	2		7.46	3.73	.004	7.46	.01
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	3	5	\$	75.28	\$ 15.06	.009	\$ 25.09	\$.14
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	3	5		75.28	15.06	.009	25.09	.14
@HOME HEALTH AGENCY	20	96	\$	6,639.35	\$ 69.16	.181	\$ 331.97	\$ 12.50
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	3	\$	110.30	\$ 36.77	.006	\$ 55.15	\$.21
@TOTAL HOSPITAL	307	3,359	\$	727,064.37	\$ 216.45	6.326	\$ 2368.29	\$ 1369.24
HOSP INPATIENT TOTAL	88	797		664,652.33	833.94	1.501	7552.87	1251.70
HSC HOSPITALS	72	670		622,112.61	928.53	1.262	8640.45	1171.59
NON-HSC HOSPITAL TOTAL	8	54		36,607.71	677.92	.102	4575.96	68.94
ACCOMMODATIONS	8	54		14,703.92	272.29	.102	1837.99	27.69

ADMINISTRATIVE DAYS	4	38	7,984.45	210.12	.072	1996.11	15.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	16	6,719.47	419.97	.030	1679.87	12.65
ANCILLARIES	8	0	21,903.79	.00	.000	2737.97	41.25
INPATIENT CROSSOVERS	8	73	5,932.01	81.26	.137	741.50	11.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	246	2,562	62,412.04	24.36	4.825	253.71	117.54
MEDICAL	54	112	5,096.41	45.50	.211	94.38	9.60
SURGERY	14	16	650.68	40.67	.030	46.48	1.23
PATHOLOGY	87	446	4,054.41	9.09	.840	46.60	7.64
RADIOLOGY	61	188	12,163.47	64.70	.354	199.40	22.91
ROOM USE	103	209	7,780.31	37.23	.394	75.54	14.65
CROSSOVERS/ALL OTH OUTPTNT	174	1,591	32,666.76	20.53	2.996	187.74	61.52
@COUNTY HOSPITAL TOTAL	2	4	7.77	1.94	.008	3.89	.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	7.77	1.94	.008	3.89	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	4	7.77	1.94	.008	3.89	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,003
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y						

531 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	306	3,355	727,056.60	\$ 216.71	6.318	\$ 2376.00	\$ 1369.22
COMM HOSP INPATIENT TOTAL	88	797	664,652.33	833.94	1.501	7552.87	1251.70
HSC HOSPITALS	72	670	622,112.61	928.53	1.262	8640.45	1171.59
NON-HSC HOSPITALS TOTAL	8	54	36,607.71	677.92	.102	4575.96	68.94
ACCOMMODATIONS	8	54	14,703.92	272.29	.102	1837.99	27.69
ADMINISTRATIVE DAYS	4	38	7,984.45	210.12	.072	1996.11	15.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	16	6,719.47	419.97	.030	1679.87	12.65
ANCILLARIES	8	0	21,903.79	.00	.000	2737.97	41.25
INPATIENT CROSSOVERS	8	73	5,932.01	81.26	.137	741.50	11.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	245	2,558	62,404.27	24.40	4.817	254.71	117.52
MEDICAL	54	112	5,096.41	45.50	.211	94.38	9.60
SURGERY	14	16	650.68	40.67	.030	46.48	1.23
PATHOLOGY	87	446	4,054.41	9.09	.840	46.60	7.64
RADIOLOGY	61	188	12,163.47	64.70	.354	199.40	22.91
ROOM USE	103	209	7,780.31	37.23	.394	75.54	14.65
CROSSOVERS/ALL OTH OUTPTNT	173	1,587	32,658.99	20.58	2.989	188.78	61.50
@STATE HOSPITAL	0	0	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	35	1,233	174,750.60	\$ 141.73	2.322	\$ 4992.87	\$ 329.10
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	7	156	71,055.34	455.48	.294	10150.76	133.81
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	29	1,077	103,695.26	96.28	2.028	3575.70	195.28
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	23	79	\$ 18,877.61	\$ 238.96	.149	\$ 820.77	\$ 35.55
HOSPITAL BASED	3	40	6,422.81	160.57	.075	2140.94	12.10
HEMODIALYSIS CENTER	21	39	12,454.80	319.35	.073	593.09	23.46
@REHABILITATION FACILITY	3	10	\$ 205.16	\$ 20.52	.019	\$ 68.39	\$.39
HOSPITAL BASED	3	10	205.16	20.52	.019	68.39	.39
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	11	54	\$ 528.92	\$ 9.79	.102	\$ 48.08	\$ 1.00
PATHOLOGY	11	54	528.92	9.79	.102	48.08	1.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	20	45	\$ 4,761.48	\$ 105.81	.085	\$ 238.07	\$ 8.97
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	5	178.21	35.64	.009	178.21	.34
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	19	40	4,583.27	114.58	.075	241.22	8.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,004
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y						

531 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	125	7,805	\$ 45,997.86	\$ 5.89	14.699	\$ 367.98	\$ 86.62
DURABLE MED. EQUIP.	9	21	4,751.93	226.28	.040	527.99	8.95
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	66	919	9,659.50	10.51	1.731	146.36	18.19
AMBULANCES/AIR TRANS	48	558	7,977.60	14.30	1.051	166.20	15.02
OTHER TRANS	17	351	1,616.74	4.61	.661	95.10	3.04
OTHER SERVICES	2	10	65.16	6.52	.019	32.58	.12
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	8	64	4,428.21	69.19	.121	553.53	8.34
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	5	21	4,375.05	208.34	.040	875.01	8.24
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	30	319.05	10.64	.056	35.45	.60
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	38.68	12.89	.006	38.68	.07
PROSTHETIST/ORTHOTISTS	4	22	5,328.92	242.22	.041	1332.23	10.04
PROSTHETICS	4	22	5,328.92	242.22	.041	1332.23	10.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	4	85	11,282.49	132.74	.160	2820.62	21.25
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	1	29.48	29.48	.002	29.48	.06
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23	6,640	5,814.03	.88	12.505	252.78	10.95
@CALIF. CHILDREN SERVICES*	2	4	\$ 3,550.00	\$ 887.50	.008	\$ 1775.00	\$ 6.69
@XOVER EXCLUDING STATE HOSP**	204	2,600	\$ 67,705.85	\$ 26.04	4.896	\$ 331.89	\$ 127.51
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;							

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,005
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						----- MONTHLY AVERAGE -----		
2,151 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,747	21,773	\$ 1,397,621.23	\$ 64.19	10.122	\$ 508.78	\$ 649.75	
@PHYSICIANS SERVICES	1,260	5,917	\$ 267,271.91	\$ 45.17	2.751	\$ 212.12	\$ 124.25	
OUTPATIENT VISITS	723	1,057	43,556.60	41.21	.491	60.24	20.25	
OFFICE VISITS	289	444	13,303.76	29.96	.206	46.03	6.18	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	378	443	26,647.92	60.15	.206	70.50	12.39	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	15	60	1,239.73	20.66	.028	82.65	.58	

OTHER OUTPATIENT	87	110		2,365.19		21.50	.051	27.19	1.10
INPATIENT VISITS	116	381		16,277.06		42.72	.177	140.32	7.57
HOSPITAL VISITS	114	363		14,313.41		39.43	.169	125.56	6.65
CRITICAL CARE	8	17		1,936.15		113.89	.008	242.02	.90
SNF/ICF/TRANS IP CARE	1	1		27.50		27.50	.000	27.50	.01
OPHTHALMOLOGICAL SERVICES	11	12		420.97		35.08	.006	38.27	.20
EXAMINATIONS	11	12		420.97		35.08	.006	38.27	.20
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	105	622		48,912.35		78.64	.289	465.83	22.74
PRINCIPAL SURGEON	78	131		41,629.64		317.78	.061	533.71	19.35
ASSISTANT SURGEON	8	9		1,201.63		133.51	.004	150.20	.56
ANESTHESIOLOGIST	31	482		6,081.08		12.62	.224	196.16	2.83
OUTPATIENT SURGERY	153	305		32,782.30		107.48	.142	214.26	15.24
PRINCIPAL SURGEON	134	165		29,061.10		176.13	.077	216.87	13.51
ASSISTANT SURGEON	5	5		840.63		168.13	.002	168.13	.39
ANESTHESIOLOGIST	25	135		2,880.57		21.34	.063	115.22	1.34
DIALYSIS	9	50		2,426.04		48.52	.023	269.56	1.13
PATHOLOGY	194	470		10,221.74		21.75	.219	52.69	4.75
RADIOLOGY	370	793		27,060.85		34.12	.369	73.14	12.58
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	40	1,616		62,416.82		38.62	.751	1560.42	29.02
OTHER SERVICES/ALL X-OVERS	212	611		23,197.18		37.97	.284	109.42	10.78
@PHARMACY	728	4,332	\$	158,650.10	\$	36.62	2.014	\$ 217.93	\$ 73.76
PRESCRIPTION DRUGS	701	2,286		151,710.17		66.36	1.063	216.42	70.53
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	701	2,286		151,710.17		66.36	1.063	216.42	70.53
MEDICAL SUPPLIES	65	2,046		6,939.93		3.39	.951	106.77	3.23
@DENTIST	381	2,156	\$	47,620.42	\$	22.09	1.002	\$ 124.99	\$ 22.14
VISITS - DIAGNOSTIC	254	1,415		8,681.65		6.14	.658	34.18	4.04
ORAL SURGERY	43	99		6,238.75		63.02	.046	145.09	2.90
DRUGS	8	16		288.75		18.05	.007	36.09	.13
ANESTHESIA	8	8		800.00		100.00	.004	100.00	.37
PERIODONTICS	27	27		3,629.00		134.41	.013	134.41	1.69
ENDODONTICS	20	23		3,071.00		133.52	.011	153.55	1.43
RESTORATIVE DENTISTRY	143	434		20,630.27		47.54	.202	144.27	9.59
PROSTHETICS	3	3		30.00		10.00	.001	10.00	.01
DENTURES, STAYPLATES	11	58		2,631.00		45.36	.027	239.18	1.22
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000	1200.00	.56
ORTHODONTIC SERVICES	23	27		220.00		8.15	.013	9.57	.10
ALL OTHER SERVICES	23	44		200.00		4.55	.020	8.70	.09

#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 3,006 01/29/04

	2,151 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	69	205	\$	4,463.38	\$ 21.77	.095	\$ 64.69	\$ 2.08
DIAGNOSTIC AND ANC. PROCED	51	51		2,119.65	41.56	.024	41.56	.99
EYE APPLIANCES	53	152		2,250.83	14.81	.071	42.47	1.05
OTHER OPTOMETRIC SERVICES	1	2		92.90	46.45	.001	92.90	.04
@CHIROPRACTOR	4	5	\$	83.60	\$ 16.72	.002	\$ 20.90	\$.04
VISITS	4	5		83.60	16.72	.002	20.90	.04
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	12	15	\$	428.07	\$ 28.54	.007	\$ 35.67	\$.20
MEDICINE/INJECTIONS	10	10		304.10	30.41	.005	30.41	.14
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	5		123.97	24.79	.002	61.99	.06

@HOME HEALTH AGENCY	9	96	\$	7,083.77	\$	73.79	.045	\$	787.09	\$	3.29
NURSE ANESTHESIST	4	21	\$	406.31	\$	19.35	.010	\$	101.58	\$	.19
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	928	5,437	\$	805,182.34	\$	148.09	2.528	\$	867.65	\$	374.33
HOSP INPATIENT TOTAL	145	701		689,019.84		982.91	.326		4751.86		320.33
HSC HOSPITALS	123	615		574,204.46		933.67	.286		4668.33		266.95
NON-HSC HOSPITAL TOTAL	22	86		114,383.64		1330.04	.040		5199.26		53.18
ACCOMMODATIONS	22	86		37,015.51		430.41	.040		1682.52		17.21
ADMINISTRATIVE DAYS	1	6		1,347.97		224.66	.003		1347.97		.63
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	21	80		35,667.54		445.84	.037		1698.45		16.58
ANCILLARIES	22	0		77,368.13		.00	.000		3516.73		35.97
INPATIENT CROSSOVERS	1	0		431.74		.00	.000		431.74		.20
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	819	4,736		116,162.50		24.53	2.202		141.83		54.00
MEDICAL	256	392		16,021.83		40.87	.182		62.59		7.45
SURGERY	72	80		3,853.74		48.17	.037		53.52		1.79
PATHOLOGY	368	1,571		14,870.02		9.47	.730		40.41		6.91
RADIOLOGY	313	512		32,697.89		63.86	.238		104.47		15.20
ROOM USE	530	782		26,136.10		33.42	.364		49.31		12.15
CROSSOVERS/ALL OTH OUTPTNT	446	1,399		22,582.92		16.14	.650		50.63		10.50
@COUNTY HOSPITAL TOTAL	1	3	\$	3,585.00	\$	1195.00	.001	\$	3585.00	\$	1.67
CO HOSPITAL INPATIENT TOTAL	1	3		3,585.00		1195.00	.001		3585.00		1.67
HSC HOSPITALS	1	3		3,585.00		1195.00	.001		3585.00		1.67
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,007
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

					----- MONTHLY AVERAGE -----			
2,151 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	927	5,434	\$ 801,597.34	\$ 147.52	2.526	\$ 864.72	\$ 372.66	
COMM HOSP INPATIENT TOTAL	144	698	685,434.84	982.00	.325	4759.96	318.66	
HSC HOSPITALS	122	612	570,619.46	932.38	.285	4677.21	265.28	
NON-HSC HOSPITALS TOTAL	22	86	114,383.64	1330.04	.040	5199.26	53.18	
ACCOMMODATIONS	22	86	37,015.51	430.41	.040	1682.52	17.21	
ADMINISTRATIVE DAYS	1	6	1,347.97	224.66	.003	1347.97	.63	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	21	80	35,667.54	445.84	.037	1698.45	16.58	
ANCILLARIES	22	0	77,368.13	.00	.000	3516.73	35.97	
INPATIENT CROSSOVERS	1	0	431.74	.00	.000	431.74	.20	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	819	4,736	116,162.50	24.53	2.202	141.83	54.00	
MEDICAL	256	392	16,021.83	40.87	.182	62.59	7.45	

SURGERY	72	80		3,853.74	48.17	.037	53.52	1.79
PATHOLOGY	368	1,571		14,870.02	9.47	.730	40.41	6.91
RADIOLOGY	313	512		32,697.89	63.86	.238	104.47	15.20
ROOM USE	530	782		26,136.10	33.42	.364	49.31	12.15
CROSSOVERS/ALL OTH OUTPTNT	446	1,399		22,582.92	16.14	.650	50.63	10.50
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	11	634	\$	12,386.88	\$ 19.54	.295	\$ 1126.08	\$ 5.76
HOSPITAL BASED	1	12		2,011.06	167.59	.006	2011.06	.93
HEMODIALYSIS CENTER	10	622		10,375.82	16.68	.289	1037.58	4.82
@REHABILITATION FACILITY	13	118	\$	1,924.42	\$ 16.31	.055	\$ 148.03	\$.89
HOSPITAL BASED	13	118		1,924.42	16.31	.055	148.03	.89
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	133	761	\$	9,784.05	\$ 12.86	.354	\$ 73.56	\$ 4.55
PATHOLOGY	133	761		9,784.05	12.86	.354	73.56	4.55
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	252	501	\$	57,667.73	\$ 115.11	.233	\$ 228.84	\$ 26.81
CLINIC	16	50		1,263.01	25.26	.023	78.94	.59
SURGICENTER	14	78		12,802.03	164.13	.036	914.43	5.95
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	222	373		43,602.69	116.90	.173	196.41	20.27
#CALIF DEPT OF HEALTH SERV								
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	2,151 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	243	1,575	\$	24,668.25	\$ 15.66	.732	\$ 101.52	\$ 11.47
DURABLE MED. EQUIP.	8	20		1,511.07	75.55	.009	188.88	.70
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	123	1,295		19,607.15	15.14	.602	159.41	9.12
AMBULANCES/AIR TRANS	123	1,293		16,007.15	12.38	.601	130.14	7.44
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		3,600.00	1800.00	.001	1800.00	1.67
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.05
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	72	160		1,886.80	11.79	.074	26.21	.88
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	6		514.53	85.76	.003	171.51	.24
PROSTHETICS	2	3		390.90	130.30	.001	195.45	.18
ORTHOTICS	1	3		123.63	41.21	.001	123.63	.06
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	48.84	.00	.000	.00	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	37	91	902.80	9.92	.042	24.40	.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	92.06	46.03	.001	46.03	.04
@CALIF. CHILDREN SERVICES*	26	163	\$ 73,720.39	\$ 452.27	.076	\$ 2835.40	\$ 34.27
@XOVER EXCLUDING STATE HOSP**	17	59	\$ 3,090.38	\$ 52.38	.027	\$ 181.79	\$ 1.44

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,009
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL	

3,133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,277	55,355	\$ 3,422,811.07	\$ 61.83	17.668	\$ 800.28	\$ 1092.50
@PHYSICIANS SERVICES	1,755	9,312	\$ 383,835.76	\$ 41.22	2.972	\$ 218.71	\$ 122.51
OUTPATIENT VISITS	845	1,244	53,061.98	42.65	.397	62.80	16.94
OFFICE VISITS	327	502	15,028.80	29.94	.160	45.96	4.80
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	449	529	33,494.58	63.32	.169	74.60	10.69
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	15	60	1,239.73	20.66	.019	82.65	.40
OTHER OUTPATIENT	119	153	3,298.87	21.56	.049	27.72	1.05
INPATIENT VISITS	206	871	38,348.07	44.03	.278	186.16	12.24
HOSPITAL VISITS	197	810	32,775.00	40.46	.259	166.37	10.46
CRITICAL CARE	16	45	5,174.77	114.99	.014	323.42	1.65
SNF/ICF/TRANS IP CARE	5	16	398.30	24.89	.005	79.66	.13
OPHTHALMOLOGICAL SERVICES	15	17	663.21	39.01	.005	44.21	.21
EXAMINATIONS	15	17	663.21	39.01	.005	44.21	.21
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	149	811	67,521.40	83.26	.259	453.16	21.55
PRINCIPAL SURGEON	116	196	56,461.43	288.07	.063	486.74	18.02
ASSISTANT SURGEON	12	15	2,339.00	155.93	.005	194.92	.75
ANESTHESIOLOGIST	38	600	8,720.97	14.53	.192	229.50	2.78
OUTPATIENT SURGERY	180	473	38,776.52	81.98	.151	215.43	12.38
PRINCIPAL SURGEON	157	203	34,388.39	169.40	.065	219.03	10.98
ASSISTANT SURGEON	5	5	840.63	168.13	.002	168.13	.27
ANESTHESIOLOGIST	30	265	3,547.50	13.39	.085	118.25	1.13
DIALYSIS	15	69	3,618.28	52.44	.022	241.22	1.15
PATHOLOGY	233	570	12,948.36	22.72	.182	55.57	4.13
RADIOLOGY	478	1,149	41,780.58	36.36	.367	87.41	13.34
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	49	2,053	72,989.31	35.55	.655	1489.58	23.30
OTHER SERVICES/ALL X-OVERS	510	2,055	54,128.05	26.34	.656	106.13	17.28
@PHARMACY	1,405	11,633	\$ 553,135.75	\$ 47.55	3.713	\$ 393.69	\$ 176.55
PRESCRIPTION DRUGS	1,342	5,883	525,438.25	89.31	1.878	391.53	167.71
SNF/ICF	197	1,326	75,101.29	56.64	.423	381.22	23.97
OUTPATIENTS	1,159	4,557	450,336.96	98.82	1.455	388.56	143.74
MEDICAL SUPPLIES	166	5,750	27,697.50	4.82	1.835	166.85	8.84
@DENTIST	549	2,869	\$ 68,916.42	\$ 24.02	.916	\$ 125.53	\$ 22.00
VISITS - DIAGNOSTIC	361	1,761	11,357.65	6.45	.562	31.46	3.63
ORAL SURGERY	78	231	10,794.75	46.73	.074	138.39	3.45
DRUGS	9	17	303.75	17.87	.005	33.75	.10
ANESTHESIA	11	11	900.00	81.82	.004	81.82	.29
PERIODONTICS	34	34	4,356.00	128.12	.011	128.12	1.39
ENDODONTICS	25	30	3,247.00	108.23	.010	129.88	1.04

RESTORATIVE DENTISTRY	183	575	27,126.27	47.18	.184	148.23	8.66
PROSTHETICS	5	4	60.00	15.00	.001	12.00	.02
DENTURES, STAYPLATES	39	119	9,101.00	76.48	.038	233.36	2.90
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	.00	.00	.001	.00	.00
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.38
ORTHODONTIC SERVICES	24	29	270.00	9.31	.009	11.25	.09
ALL OTHER SERVICES	32	55	200.00	3.64	.018	6.25	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,010
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL						
----- MONTHLY AVERAGE -----							
3,133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	85	240 \$	5,166.61	\$ 21.53	.077	\$ 60.78	\$ 1.65
DIAGNOSTIC AND ANC. PROCED	58	58	2,400.50	41.39	.019	41.39	.77

EYE APPLIANCES	61	174		2,633.65	15.14	.056	43.17	.84
OTHER OPTOMETRIC SERVICES	4	8		132.46	16.56	.003	33.12	.04
@CHIROPRACTOR	4	5	\$	83.60	16.72	.002	20.90	.03
VISITS	4	5		83.60	16.72	.002	20.90	.03
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	27	33	\$	590.64	17.90	.011	21.88	.19
MEDICINE/INJECTIONS	11	11		325.50	29.59	.004	29.59	.10
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	16	22		265.14	12.05	.007	16.57	.08
@HOME HEALTH AGENCY	29	192	\$	13,723.12	71.47	.061	473.21	4.38
NURSE ANESTHESIST	4	21	\$	406.31	19.35	.007	101.58	.13
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	3	\$	110.30	36.77	.001	55.15	.04
@TOTAL HOSPITAL	1,310	9,342	\$	1,570,068.31	168.07	2.982	1198.53	501.14
HOSP INPATIENT TOTAL	256	1,722		1,382,178.45	802.66	.550	5399.13	441.17
HSC HOSPITALS	197	1,293		1,205,717.07	932.50	.413	6120.39	384.84
NON-HSC HOSPITAL TOTAL	31	142		150,991.35	1063.32	.045	4870.69	48.19
ACCOMMODATIONS	31	142		51,719.43	364.22	.045	1668.37	16.51
ADMINISTRATIVE DAYS	6	46		9,332.42	202.88	.015	1555.40	2.98
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	25	96		42,387.01	441.53	.031	1695.48	13.53
ANCILLARIES	31	0		99,271.92	.00	.000	3202.32	31.69
INPATIENT CROSSOVERS	30	287		25,470.03	88.75	.092	849.00	8.13
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,121	7,620		187,889.86	24.66	2.432	167.61	59.97
MEDICAL	310	504		21,118.24	41.90	.161	68.12	6.74
SURGERY	87	97		4,693.21	48.38	.031	53.94	1.50
PATHOLOGY	456	2,018		18,933.73	9.38	.644	41.52	6.04
RADIOLOGY	375	702		44,960.00	64.05	.224	119.89	14.35
ROOM USE	636	995		34,159.25	34.33	.318	53.71	10.90
CROSSOVERS/ALL OTH OUTPTNT	675	3,304		64,025.43	19.38	1.055	94.85	20.44
@COUNTY HOSPITAL TOTAL	7	16	\$	3,609.00	225.56	.005	515.57	1.15
CO HOSPITAL INPATIENT TOTAL	1	3		3,585.00	1195.00	.001	3585.00	1.14
HSC HOSPITALS	1	3		3,585.00	1195.00	.001	3585.00	1.14
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	13		24.00	1.85	.004	4.00	.01
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	13		24.00	1.85	.004	4.00	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

PAGE 3,011
01/29/04

	3,133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,304	9,326	\$	1,566,459.31	\$ 167.97	2.977	\$ 1201.27	\$ 499.99
COMM HOSP INPATIENT TOTAL	255	1,719		1,378,593.45	801.97	.549	5406.25	440.02
HSC HOSPITALS	196	1,290		1,202,132.07	931.89	.412	6133.33	383.70

NON-HSC HOSPITALS TOTAL	31	142		150,991.35	1063.32	.045	4870.69	48.19
ACCOMMODATIONS	31	142		51,719.43	364.22	.045	1668.37	16.51
ADMINISTRATIVE DAYS	6	46		9,332.42	202.88	.015	1555.40	2.98
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	25	96		42,387.01	441.53	.031	1695.48	13.53
ANCILLARIES	31	0		99,271.92	.00	.000	3202.32	31.69
INPATIENT CROSSOVERS	30	287		25,470.03	88.75	.092	849.00	8.13
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,116	7,607		187,865.86	24.70	2.428	168.34	59.96
MEDICAL	310	504		21,118.24	41.90	.161	68.12	6.74
SURGERY	87	97		4,693.21	48.38	.031	53.94	1.50
PATHOLOGY	456	2,018		18,933.73	9.38	.644	41.52	6.04
RADIOLOGY	375	702		44,960.00	64.05	.224	119.89	14.35
ROOM USE	636	995		34,159.25	34.33	.318	53.71	10.90
CROSSOVERS/ALL OTH OUTPTNT	670	3,291		64,001.43	19.45	1.050	95.52	20.43
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	194	5,541	\$	626,071.78	\$ 112.99	1.769	\$ 3227.17	\$ 199.83
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	7	156		71,055.34	455.48	.050	10150.76	22.68
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	188	5,385		555,016.44	103.07	1.719	2952.22	177.15
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	40	722	\$	33,206.79	\$ 45.99	.230	\$ 830.17	\$ 10.60
HOSPITAL BASED	4	52		8,433.87	162.19	.017	2108.47	2.69
HEMODIALYSIS CENTER	37	670		24,772.92	36.97	.214	669.54	7.91
@REHABILITATION FACILITY	17	129	\$	2,167.69	\$ 16.80	.041	\$ 127.51	\$.69
HOSPITAL BASED	17	129		2,167.69	16.80	.041	127.51	.69
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	144	815	\$	10,312.97	\$ 12.65	.260	\$ 71.62	\$ 3.29
PATHOLOGY	144	815		10,312.97	12.65	.260	71.62	3.29
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	302	590	\$	64,567.34	\$ 109.44	.188	\$ 213.80	\$ 20.61
CLINIC	17	56		1,317.15	23.52	.018	77.48	.42
SURGICENTER	18	86		13,557.33	157.64	.027	753.19	4.33
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	267	448		49,692.86	110.92	.143	186.12	15.86

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,012
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

					----- MONTHLY AVERAGE -----			
3,133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	454	13,907	\$ 90,418.20	\$ 6.50	4.439	\$ 199.16	\$ 28.86	
DURABLE MED. EQUIP.	20	49	8,361.96	170.65	.016	418.10	2.67	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	5	6	3,877.13	646.19	.002	775.43	1.24	
MEDICAL TRANSPORTATION	235	4,777	37,432.48	7.84	1.525	159.29	11.95	
AMBULANCES/AIR TRANS	188	2,095	26,576.66	12.69	.669	141.37	8.48	
OTHER TRANS	46	2,570	6,983.47	2.72	.820	151.81	2.23	
OTHER SERVICES	9	112	3,872.35	34.57	.036	430.26	1.24	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	12	105	7,213.82	68.70	.034	601.15	2.30	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.03	

IHMC, MODEL-NF, NF, AIDS, MSSP	5	21		4,375.05	208.34	.007	875.01	1.40
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	89	209		2,506.03	11.99	.067	28.16	.80
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4		39.90	9.98	.001	19.95	.01
PROSTHETIST/ORTHOTISTS	7	28		5,843.45	208.69	.009	834.78	1.87
PROSTHETICS	6	25		5,719.82	228.79	.008	953.30	1.83
ORTHOTICS	1	3		123.63	41.21	.001	123.63	.04
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1		23.32	23.32	.000	23.32	.01
HOSPICE SERVICES	5	115		13,338.29	115.99	.037	2667.66	4.26
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	37	91		902.80	9.92	.029	24.40	.29
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	1		29.48	29.48	.000	29.48	.01
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	43	8,500		6,398.97	.75	2.713	148.81	2.04
@CALIF. CHILDREN SERVICES*	28	167	\$	77,270.39	\$ 462.70	.053	\$ 2759.66	\$ 24.66
@XOVER EXCLUDING STATE HOSP**	436	3,740	\$	166,121.23	\$ 44.42	1.194	\$ 381.01	\$ 53.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,013
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13	

18,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	18,553	987,308	\$ 55,017,880.72	\$ 55.73	53.092	\$ 2965.44	\$ 2958.59
@PHYSICIANS SERVICES	2,079	4,876	\$ 87,436.77	\$ 17.93	.262	\$ 42.06	\$ 4.70
OUTPATIENT VISITS	31	42	1,924.98	45.83	.002	62.10	.10
OFFICE VISITS	6	6	251.60	41.93	.000	41.93	.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	15	20	1,311.46	65.57	.001	87.43	.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	10	16	361.92	22.62	.001	36.19	.02
INPATIENT VISITS	129	321	11,484.76	35.78	.017	89.03	.62
HOSPITAL VISITS	16	152	6,006.20	39.51	.008	375.39	.32
CRITICAL CARE	2	4	486.40	121.60	.000	243.20	.03
SNF/ICF/TRANS IP CARE	117	165	4,992.16	30.26	.009	42.67	.27
OPHTHALMOLOGICAL SERVICES	10	10	202.46	20.25	.001	20.25	.01
EXAMINATIONS	10	10	202.46	20.25	.001	20.25	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	20	3,807.70	190.39	.001	634.62	.20
PRINCIPAL SURGEON	6	12	3,619.69	301.64	.001	603.28	.19
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	188.01	23.50	.000	188.01	.01
OUTPATIENT SURGERY	7	16	1,311.52	81.97	.001	187.36	.07
PRINCIPAL SURGEON	7	7	1,109.50	158.50	.000	158.50	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	202.02	22.45	.000	202.02	.01
DIALYSIS	6	45	3,071.98	68.27	.002	512.00	.17
PATHOLOGY	4	9	199.84	22.20	.000	49.96	.01
RADIOLOGY	40	136	4,159.28	30.58	.007	103.98	.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1,924	4,277	61,274.25	14.33	.230	31.85	3.30
@PHARMACY	15,372	358,404	\$ 4,712,775.49	\$ 13.15	19.273	\$ 306.58	\$ 253.43
PRESCRIPTION DRUGS	15,273	86,023	4,586,026.25	53.31	4.626	300.27	246.61

SNF/ICF	14,352	80,215	4,366,946.78	54.44	4.314	304.27	234.83
OUTPATIENTS	1,522	5,808	219,079.47	37.72	.312	143.94	11.78
MEDICAL SUPPLIES	1,150	272,381	126,749.24	.47	14.647	110.22	6.82
@DENTIST	859	2,313	\$ 107,377.54	\$ 46.42	.124	\$ 125.00	\$ 5.77
VISITS - DIAGNOSTIC	777	1,613	30,943.75	19.18	.087	39.82	1.66
ORAL SURGERY	80	328	19,520.79	59.51	.018	244.01	1.05
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	16	16	2,064.00	129.00	.001	129.00	.11
ENDODONTICS	1	1	215.00	215.00	.000	215.00	.01
RESTORATIVE DENTISTRY	45	100	7,796.00	77.96	.005	173.24	.42
PROSTHETICS	5	5	120.00	24.00	.000	24.00	.01
DENTURES, STAYPLATES	119	243	46,718.00	192.26	.013	392.59	2.51
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	8	7	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,014
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

18,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	217	566	\$ 8,981.59	\$ 15.87	.030	\$ 41.39	\$.48
DIAGNOSTIC AND ANC. PROCED	12	12	411.64	34.30	.001	34.30	.02
EYE APPLIANCES	161	454	7,925.76	17.46	.024	49.23	.43
OTHER OPTOMETRIC SERVICES	56	100	644.19	6.44	.005	11.50	.03
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.000	\$ 25.08	\$.00
VISITS	2	3	50.16	16.72	.000	25.08	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1,632	2,298	\$ 10,964.91	\$ 4.77	.124	\$ 6.72	\$.59
MEDICINE/INJECTIONS	3	3	72.00	24.00	.000	24.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1,629	2,295	10,892.91	4.75	.123	6.69	.59
@HOME HEALTH AGENCY	6	53	\$ 3,878.42	\$ 73.18	.003	\$ 646.40	\$.21
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	2	\$ 56.59	\$ 28.30	.000	\$ 56.59	\$.00
@TOTAL HOSPITAL	851	3,744	\$ 340,904.55	\$ 91.05	.201	\$ 400.59	\$ 18.33
HOSP INPATIENT TOTAL	198	1,283	290,145.02	226.15	.069	1465.38	15.60
HSC HOSPITALS	8	122	123,418.23	1011.62	.007	15427.28	6.64
NON-HSC HOSPITAL TOTAL	4	31	15,044.47	485.31	.002	3761.12	.81
ACCOMMODATIONS	4	31	7,429.50	239.66	.002	1857.38	.40
ADMINISTRATIVE DAYS	3	22	5,088.60	231.30	.001	1696.20	.27
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	9	2,340.90	260.10	.000	2340.90	.13
ANCILLARIES	4	0	7,614.97	.00	.000	1903.74	.41
INPATIENT CROSSOVERS	188	1,130	151,682.32	134.23	.061	806.82	8.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	756	2,461	50,759.53	20.63	.132	67.14	2.73
MEDICAL	15	24	803.30	33.47	.001	53.55	.04
SURGERY	7	7	342.18	48.88	.000	48.88	.02
PATHOLOGY	25	93	1,002.67	10.78	.005	40.11	.05
RADIOLOGY	14	59	4,143.47	70.23	.003	295.96	.22
ROOM USE	35	53	2,578.45	48.65	.003	73.67	.14
CROSSOVERS/ALL OTH OUTPTNT	723	2,225	41,889.46	18.83	.120	57.94	2.25
@COUNTY HOSPITAL TOTAL	3	6	\$ 11.47	\$ 1.91	.000	\$ 3.82	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	6	11.47	1.91	.000	3.82	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

18,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	848	3,738	\$ 340,893.08	\$ 91.20	.201	\$ 402.00	\$ 18.33
COMM HOSP INPATIENT TOTAL	198	1,283	290,145.02	226.15	.069	1465.38	15.60
HSC HOSPITALS	8	122	123,418.23	1011.62	.007	15427.28	6.64
NON-HSC HOSPITALS TOTAL	4	31	15,044.47	485.31	.002	3761.12	.81
ACCOMMODATIONS	4	31	7,429.50	239.66	.002	1857.38	.40
ADMINISTRATIVE DAYS	3	22	5,088.60	231.30	.001	1696.20	.27
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	9	2,340.90	260.10	.000	2340.90	.13
ANCILLARIES	4	0	7,614.97	.00	.000	1903.74	.41
INPATIENT CROSSOVERS	188	1,130	151,682.32	134.23	.061	806.82	8.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	753	2,455	50,748.06	20.67	.132	67.39	2.73
MEDICAL	15	24	803.30	33.47	.001	53.55	.04
SURGERY	7	7	342.18	48.88	.000	48.88	.02
PATHOLOGY	25	93	1,002.67	10.78	.005	40.11	.05
RADIOLOGY	14	59	4,143.47	70.23	.003	295.96	.22
ROOM USE	35	53	2,578.45	48.65	.003	73.67	.14
CROSSOVERS/ALL OTH OUTPTNT	720	2,219	41,877.99	18.87	.119	58.16	2.25
@STATE HOSPITAL	9	248	\$ 113,878.89	\$ 459.19	.013	\$ 12653.21	\$ 6.12
MENTALLY ILL	9	248	113,878.89	459.19	.013	12653.21	6.12
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	15,970	496,153	\$ 48,630,053.53	\$ 98.01	26.681	\$ 3045.09	\$ 2615.08
LEV A-INTERMEDIATE	2	23	1,915.58	83.29	.001	957.79	.10
LEV B-REHAB MD	6	153	15,180.75	99.22	.008	2530.13	.82
LEV B-SUBACUTE FREESTANDING	36	1,195	372,973.62	312.11	.064	10360.38	20.06
LEV B-SUBACUTE HSPTL BASED	14	492	204,707.24	416.07	.026	14621.95	11.01
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	15,912	494,290	48,035,276.34	97.18	26.580	3018.81	2583.10
@INTERMEDIATE CARE FACIL.-DD	39	989	\$ 136,487.27	\$ 138.01	.053	\$ 3499.67	\$ 7.34
ICF DDH	24	612	74,285.35	121.38	.033	3095.22	3.99
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	15	377	62,201.92	164.99	.020	4146.79	3.34
@HEMODIALYSIS TOTAL	102	636	\$ 59,794.33	\$ 94.02	.034	\$ 586.22	\$ 3.22
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	102	636	59,794.33	94.02	.034	586.22	3.22
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	37	131	\$ 1,520.66	\$ 11.61	.007	\$ 41.10	\$.08
PATHOLOGY	35	126	1,489.34	11.82	.007	42.55	.08
XO AND OTHERS	2	5	31.32	6.26	.000	15.66	.00
@ORGANIZED OUTPATIENT CLINIC	433	772	\$ 19,633.97	\$ 25.43	.042	\$ 45.34	\$ 1.06
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	4	17	566.89	33.35	.001	141.72	.03
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	429	755	19,067.08	25.25	.041	44.45	1.03

18,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,164	116,120	\$ 784,086.05	\$ 6.75	6.244	\$ 247.81	\$ 42.16

DURABLE MED. EQUIP.	338	2,419	281,462.45	116.35	.130	832.73	15.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	51	60	29,598.39	493.31	.003	580.36	1.59
MEDICAL TRANSPORTATION	2,105	61,984	292,634.35	4.72	3.333	139.02	15.74
AMBULANCES/AIR TRANS	636	6,498	95,848.95	14.75	.349	150.71	5.15
OTHER TRANS	1,329	52,160	180,064.26	3.45	2.805	135.49	9.68
OTHER SERVICES	382	3,326	16,721.14	5.03	.179	43.77	.90
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	3	218.12	72.71	.000	218.12	.01
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	194	418	5,347.77	12.79	.022	27.57	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	219	735	4,651.57	6.33	.040	21.24	.25
PROSTHETIST/ORTHOTISTS	27	45	1,230.04	27.33	.002	45.56	.07
PROSTHETICS	21	38	987.27	25.98	.002	47.01	.05
ORTHOTICS	6	7	242.77	34.68	.000	40.46	.01
PSYCHOLOGIST	9	12	182.69	15.22	.001	20.30	.01
SPEECH AND AUDIOLOGY	160	420	17,515.78	41.70	.023	109.47	.94
HOSPICE SERVICES	87	1,321	130,287.88	98.63	.071	1497.56	7.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	231	48,703	20,957.01	.43	2.619	90.72	1.13
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	6,250	321,914	1,457,180.29	4.53	17.311	233.15	78.36

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,017
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

125 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	138	10,365	\$ 550,180.34	\$ 53.08	82.920	\$ 3986.81	\$ 4401.44
@PHYSICIANS SERVICES	25	39	\$ 788.65	\$ 20.22	.312	\$ 31.55	\$ 6.31
OUTPATIENT VISITS	1	1	24.00	24.00	.008	24.00	.19
OFFICE VISITS	1	1	24.00	24.00	.008	24.00	.19
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	12	15	412.50	27.50	.120	34.38	3.30
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	12	15	412.50	27.50	.120	34.38	3.30
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	56.34	56.34	.008	56.34	.45
PRINCIPAL SURGEON	1	1	56.34	56.34	.008	56.34	.45

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	22		295.81		13.45	.176	24.65	2.37
@PHARMACY	122	5,843	\$	47,800.80	\$	8.18	46.744	\$ 391.81	\$ 382.41
PRESCRIPTION DRUGS	121	563		44,208.94		78.52	4.504	365.36	353.67
SNF/ICF	117	548		43,795.36		79.92	4.384	374.32	350.36
OUTPATIENTS	5	15		413.58		27.57	.120	82.72	3.31
MEDICAL SUPPLIES	29	5,280		3,591.86		.68	42.240	123.86	28.73
@DENTIST	5	18	\$	514.00	\$	28.56	.144	\$ 102.80	\$ 4.11
VISITS - DIAGNOSTIC	5	10		234.00		23.40	.080	46.80	1.87
ORAL SURGERY	1	6		.00		.00	.048	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		280.00		140.00	.016	280.00	2.24
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,018
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

125 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	13	20	\$ 87.90	\$ 4.40	.160	\$ 6.76	\$.70	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	13	20	87.90	4.40	.160	6.76	.70	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	7	12	\$ 470.25	\$ 39.19	.096	\$ 67.18	\$ 3.76	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	12	470.25	39.19	.096	67.18	3.76
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	41.78	41.78	.008	41.78	.33
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	68.13	34.07	.016	34.07	.55
CROSSOVERS/ALL OTH OUTPTNT	5	9	360.34	40.04	.072	72.07	2.88
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,019
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

125 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	12	\$ 470.25	\$ 39.19	.096	\$ 67.18	\$ 3.76
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	12	470.25	39.19	.096	67.18	3.76
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	41.78	41.78	.008	41.78	.33
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	68.13	34.07	.016	34.07	.55
CROSSOVERS/ALL OTH OUTPTNT	5	9	360.34	40.04	.072	72.07	2.88
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	117	3,671	\$ 423,127.59	\$ 115.26	29.368	\$ 3616.48	\$ 3385.02
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	117	3,671		423,127.59		115.26	29.368	3616.48	3385.02
@INTERMEDIATE CARE FACIL.-DD	16	489	\$	70,587.59	\$	144.35	3.912	\$ 4411.72	\$ 564.70
ICF DDH	12	381		51,678.27		135.64	3.048	4306.52	413.43
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	4	108		18,909.32		175.09	.864	4727.33	151.27
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	5	\$	48.94	\$	9.79	.040	\$ 24.47	\$.39
PATHOLOGY	2	5		48.94		9.79	.040	24.47	.39
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,020
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

125 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	31	268	\$ 6,754.62	\$ 25.20	2.144	\$ 217.89	\$ 54.04
DURABLE MED. EQUIP.	4	12	3,961.12	330.09	.096	990.28	31.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	172	1,144.05	6.65	1.376	81.72	9.15
AMBULANCES/AIR TRANS	3	15	381.45	25.43	.120	127.15	3.05
OTHER TRANS	10	134	601.98	4.49	1.072	60.20	4.82
OTHER SERVICES	3	23	160.62	6.98	.184	53.54	1.28
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	6	1.87	.31	.048	1.87	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	30	1,225.85	40.86	.240	122.59	9.81
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	46	219.19	4.77	.368	219.19	1.75
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	202.54	101.27	.016	101.27	1.62
@CALIF. CHILDREN SERVICES*	1	1	\$ 35.02	\$ 35.02	.008	\$ 35.02	\$.28
@XOVER EXCLUDING STATE HOSP**	45	2,645	\$ 1,849.52	\$.70	21.160	\$ 41.10	\$ 14.80

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,021
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

4,357 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,613	393,973	\$ 20,990,158.50	\$ 53.28	90.423	\$ 4550.22	\$ 4817.57
@PHYSICIANS SERVICES	1,142	3,694	\$ 107,020.75	\$ 28.97	.848	\$ 93.71	\$ 24.56
OUTPATIENT VISITS	156	192	9,427.40	49.10	.044	60.43	2.16
OFFICE VISITS	70	91	3,057.10	33.59	.021	43.67	.70
HOME VISITS	3	3	202.80	67.60	.001	67.60	.05
EMERGENCY ROOM	66	75	5,615.03	74.87	.017	85.08	1.29
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	48.38	48.38	.000	48.38	.01
OTHER OUTPATIENT	22	22	504.09	22.91	.005	22.91	.12
INPATIENT VISITS	412	1,611	56,445.92	35.04	.370	137.00	12.96
HOSPITAL VISITS	82	344	13,047.32	37.93	.079	159.11	2.99
CRITICAL CARE	5	13	1,457.30	112.10	.003	291.46	.33

SNF/ICF/TRANS IP CARE	352	1,254		41,941.30		33.45	.288	119.15	9.63
OPHTHALMOLOGICAL SERVICES	11	11		467.88		42.53	.003	42.53	.11
EXAMINATIONS	11	11		467.88		42.53	.003	42.53	.11
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	38	96		10,332.65		107.63	.022	271.91	2.37
PRINCIPAL SURGEON	35	50		9,236.69		184.73	.011	263.91	2.12
ASSISTANT SURGEON	1	1		10.03		10.03	.000	10.03	.00
ANESTHESIOLOGIST	7	45		1,085.93		24.13	.010	155.13	.25
OUTPATIENT SURGERY	25	37		3,932.60		106.29	.008	157.30	.90
PRINCIPAL SURGEON	23	28		3,642.04		130.07	.006	158.35	.84
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	2	9		290.56		32.28	.002	145.28	.07
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	25	25		518.63		20.75	.006	20.75	.12
RADIOLOGY	119	368		8,832.61		24.00	.084	74.22	2.03
PSYCHIATRY	4	4		92.88		23.22	.001	23.22	.02
IMMUNIZATION AND INJECTION	5	15		176.72		11.78	.003	35.34	.04
OTHER SERVICES/ALL X-OVERS	600	1,335		16,793.46		12.58	.306	27.99	3.85
@PHARMACY	3,857	132,158	\$	1,853,639.07	\$	14.03	30.332	\$ 480.59	\$ 425.44
PRESCRIPTION DRUGS	3,806	24,355		1,756,453.41		72.12	5.590	461.50	403.13
SNF/ICF	3,073	18,424		1,336,986.73		72.57	4.229	435.08	306.86
OUTPATIENTS	852	5,931		419,466.68		70.72	1.361	492.33	96.27
MEDICAL SUPPLIES	770	107,803		97,185.66		.90	24.742	126.22	22.31
@DENTIST	308	849	\$	26,403.16	\$	31.10	.195	\$ 85.72	\$ 6.06
VISITS - DIAGNOSTIC	286	628		9,200.00		14.65	.144	32.17	2.11
ORAL SURGERY	22	86		4,198.91		48.82	.020	190.86	.96
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	14	18		1,966.00		109.22	.004	140.43	.45
ENDODONTICS	2	6		1,510.00		251.67	.001	755.00	.35
RESTORATIVE DENTISTRY	14	38		3,475.00		91.45	.009	248.21	.80
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	15	68		5,703.00		83.87	.016	380.20	1.31
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3		350.25		116.75	.001	116.75	.08
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	3	2		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63								

PAGE 3,022
01/29/04

4,357 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	58	141	\$ 3,077.88	\$ 21.83	.032	\$ 53.07	\$.71
DIAGNOSTIC AND ANC. PROCED	27	27	1,194.40	44.24	.006	44.24	.27
EYE APPLIANCES	32	96	1,590.88	16.57	.022	49.72	.37
OTHER OPTOMETRIC SERVICES	12	18	292.60	16.26	.004	24.38	.07
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	335	398	\$ 3,135.94	\$ 7.88	.091	\$ 9.36	\$.72
MEDICINE/INJECTIONS	9	9	269.24	29.92	.002	29.92	.06
SURGERY/ANES.	1	1	9.00	9.00	.000	9.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	326	388	2,857.70	7.37	.089	8.77	.66
@HOME HEALTH AGENCY	2	28	\$ 2,031.06	\$ 72.54	.006	\$ 1015.53	\$.47
NURSE ANESTHESIST	1	3	\$ 13.74	\$ 4.58	.001	\$ 13.74	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	412	2,302	\$	900,033.77	\$	390.98	.528	\$	2184.55	\$	206.57
HOSP INPATIENT TOTAL	108	1,175		872,253.59		742.34	.270		8076.42		200.20
HSC HOSPITALS	52	677		696,415.01		1028.68	.155		13392.60		159.84
NON-HSC HOSPITAL TOTAL	15	198		144,000.72		727.28	.045		9600.05		33.05
ACCOMMODATIONS	15	198		58,186.57		293.87	.045		3879.10		13.35
ADMINISTRATIVE DAYS	7	155		35,851.50		231.30	.036		5121.64		8.23
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	43		22,335.07		519.42	.010		2791.88		5.13
ANCILLARIES	15	0		85,814.15		.00	.000		5720.94		19.70
INPATIENT CROSSOVERS	43	300		31,837.86		106.13	.069		740.42		7.31
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	333	1,127		27,780.18		24.65	.259		83.42		6.38
MEDICAL	26	37		1,182.91		31.97	.008		45.50		.27
SURGERY	8	9		504.12		56.01	.002		63.02		.12
PATHOLOGY	64	238		2,674.88		11.24	.055		41.80		.61
RADIOLOGY	41	65		7,682.79		118.20	.015		187.39		1.76
ROOM USE	77	91		3,853.51		42.35	.021		50.05		.88
CROSSOVERS/ALL OTH OUTPTNT	238	687		11,881.97		17.30	.158		49.92		2.73
@COUNTY HOSPITAL TOTAL	6	16	\$	3,142.27	\$	196.39	.004	\$	523.71	\$	.72
CO HOSPITAL INPATIENT TOTAL	1	2		2,700.00		1350.00	.000		2700.00		.62
HSC HOSPITALS	1	2		2,700.00		1350.00	.000		2700.00		.62
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	14		442.27		31.59	.003		88.45		.10
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	5		43.64		8.73	.001		21.82		.01
RADIOLOGY	1	1		38.44		38.44	.000		38.44		.01
ROOM USE	3	4		155.68		38.92	.001		51.89		.04
CROSSOVERS/ALL OTH OUTPTNT	2	4		204.51		51.13	.001		102.26		.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,023
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

	4,357 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	408	2,286	\$	896,891.50	\$ 392.34	.525	\$ 2198.26	\$ 205.85
COMM HOSP INPATIENT TOTAL	107	1,173		869,553.59	741.31	.269	8126.67	199.58
HSC HOSPITALS	51	675		693,715.01	1027.73	.155	13602.26	159.22
NON-HSC HOSPITALS TOTAL	15	198		144,000.72	727.28	.045	9600.05	33.05
ACCOMMODATIONS	15	198		58,186.57	293.87	.045	3879.10	13.35
ADMINISTRATIVE DAYS	7	155		35,851.50	231.30	.036	5121.64	8.23
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	43		22,335.07	519.42	.010	2791.88	5.13
ANCILLARIES	15	0		85,814.15	.00	.000	5720.94	19.70
INPATIENT CROSSOVERS	43	300		31,837.86	106.13	.069	740.42	7.31
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	330	1,113		27,337.91	24.56	.255	82.84	6.27
MEDICAL	26	37		1,182.91	31.97	.008	45.50	.27
SURGERY	8	9		504.12	56.01	.002	63.02	.12
PATHOLOGY	62	233		2,631.24	11.29	.053	42.44	.60
RADIOLOGY	40	64		7,644.35	119.44	.015	191.11	1.75
ROOM USE	74	87		3,697.83	42.50	.020	49.97	.85

CROSSOVERS/ALL OTH OUTPTNT	236	683		11,677.46		17.10	.157	49.48	2.68
@STATE HOSPITAL	4	269	\$	152,952.96	\$	568.60	.062	\$ 38238.24	\$ 35.11
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	4	269		152,952.96		568.60	.062	38238.24	35.11
@NURSING FACILITY	2,172	68,424	\$	10,269,058.17	\$	150.08	15.704	\$ 4727.93	\$ 2356.91
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	12	365		41,870.03		114.71	.084	3489.17	9.61
LEV B-SUBACUTE FREESTANDING	120	3,965		1,381,833.87		348.51	.910	11515.28	317.15
LEV B-SUBACUTE HSPTL BASED	181	6,156		2,832,444.07		460.11	1.413	15648.86	650.09
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1,864	57,938		6,012,910.20		103.78	13.298	3225.81	1380.06
@INTERMEDIATE CARE FACIL.-DD	1,687	51,847	\$	7,206,467.89	\$	138.99	11.900	\$ 4271.77	\$ 1654.00
ICF DDH	1,256	39,079		5,083,388.63		130.08	8.969	4047.28	1166.72
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	431	12,768		2,123,079.26		166.28	2.930	4925.94	487.28
@HEMODIALYSIS TOTAL	21	35	\$	20,407.54	\$	583.07	.008	\$ 971.79	\$ 4.68
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	21	35		20,407.54		583.07	.008	971.79	4.68
@REHABILITATION FACILITY	4	53	\$	1,289.13	\$	24.32	.012	\$ 322.28	\$.30
HOSPITAL BASED	3	49		1,219.81		24.89	.011	406.60	.28
INDEPENDENT FACILITY	1	4		69.32		17.33	.001	69.32	.02
@LABORATORY FACILITY	253	1,197	\$	12,138.95	\$	10.14	.275	\$ 47.98	\$ 2.79
PATHOLOGY	251	1,195		12,110.34		10.13	.274	48.25	2.78
XO AND OTHERS	2	2		28.61		14.31	.000	14.31	.01
@ORGANIZED OUTPATIENT CLINIC	179	553	\$	55,601.01	\$	100.54	.127	\$ 310.62	\$ 12.76
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	7	27		1,096.56		40.61	.006	156.65	.25
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	173	526		54,504.45		103.62	.121	315.05	12.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 3,024
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63								

4,357 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,277	132,022	\$ 376,887.48	\$ 2.85	30.301	\$ 295.14	\$ 86.50
DURABLE MED. EQUIP.	126	1,029	139,597.07	135.66	.236	1107.91	32.04
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	1,916.20	638.73	.001	638.73	.44
MEDICAL TRANSPORTATION	444	18,026	76,595.24	4.25	4.137	172.51	17.58
AMBULANCES/AIR TRANS	176	3,016	31,192.14	10.34	.692	177.23	7.16
OTHER TRANS	251	14,417	42,547.93	2.95	3.309	169.51	9.77
OTHER SERVICES	52	593	2,855.17	4.81	.136	54.91	.66
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4	43	2,969.09	69.05	.010	742.27	.68
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	48	102	1,178.78	11.56	.023	24.56	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	38	117	1,919.72	16.41	.027	50.52	.44
PROSTHETIST/ORTHOTISTS	12	24	3,520.84	146.70	.006	293.40	.81
PROSTHETICS	12	24	3,520.84	146.70	.006	293.40	.81
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	9	19.42	2.16	.002	4.86	.00
SPEECH AND AUDIOLOGY	551	2,313	94,316.72	40.78	.531	171.17	21.65
HOSPICE SERVICES	5	121	11,994.78	99.13	.028	2398.96	2.75
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	815	5,833.82	7.16	.187	583.38	1.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	219	109,420	37,025.80	.34	25.114	169.07	8.50
@CALIF. CHILDREN SERVICES*	21	173	\$ 40,555.00	\$ 234.42	.040	\$ 1931.19	\$ 9.31
@XOVER EXCLUDING STATE HOSP**	1,269	62,588	\$ 223,540.92	\$ 3.57	14.365	\$ 176.16	\$ 51.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,025
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	MN - LONG TERM CARE - FAMILIES	DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,026
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,027
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
FRESNO COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 3,028
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,029
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL		

23,078 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	23,304	1,391,646	\$ 76,558,219.56	\$ 55.01	60.302	\$ 3285.20	\$ 3317.37
@PHYSICIANS SERVICES	3,246	8,609	\$ 195,246.17	\$ 22.68	.373	\$ 60.15	\$ 8.46
OUTPATIENT VISITS	188	235	11,376.38	48.41	.010	60.51	.49
OFFICE VISITS	77	98	3,332.70	34.01	.004	43.28	.14
HOME VISITS	3	3	202.80	67.60	.000	67.60	.01
EMERGENCY ROOM	81	95	6,926.49	72.91	.004	85.51	.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	48.38	48.38	.000	48.38	.00
OTHER OUTPATIENT	32	38	866.01	22.79	.002	27.06	.04
INPATIENT VISITS	553	1,947	68,343.18	35.10	.084	123.59	2.96
HOSPITAL VISITS	98	496	19,053.52	38.41	.021	194.42	.83
CRITICAL CARE	7	17	1,943.70	114.34	.001	277.67	.08
SNF/ICF/TRANS IP CARE	481	1,434	47,345.96	33.02	.062	98.43	2.05
OPHTHALMOLOGICAL SERVICES	21	21	670.34	31.92	.001	31.92	.03
EXAMINATIONS	21	21	670.34	31.92	.001	31.92	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	44	116	14,140.35	121.90	.005	321.37	.61
PRINCIPAL SURGEON	41	62	12,856.38	207.36	.003	313.57	.56
ASSISTANT SURGEON	1	1	10.03	10.03	.000	10.03	.00
ANESTHESIOLOGIST	8	53	1,273.94	24.04	.002	159.24	.06
OUTPATIENT SURGERY	33	54	5,300.46	98.16	.002	160.62	.23
PRINCIPAL SURGEON	31	36	4,807.88	133.55	.002	155.09	.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	18	492.58	27.37	.001	164.19	.02
DIALYSIS	6	45	3,071.98	68.27	.002	512.00	.13
PATHOLOGY	29	34	718.47	21.13	.001	24.77	.03
RADIOLOGY	159	504	12,991.89	25.78	.022	81.71	.56
PSYCHIATRY	4	4	92.88	23.22	.000	23.22	.00
IMMUNIZATION AND INJECTION	5	15	176.72	11.78	.001	35.34	.01
OTHER SERVICES/ALL X-OVERS	2,536	5,634	78,363.52	13.91	.244	30.90	3.40
@PHARMACY	19,351	496,405	\$ 6,614,215.36	\$ 13.32	21.510	\$ 341.80	\$ 286.60
PRESCRIPTION DRUGS	19,200	110,941	6,386,688.60	57.57	4.807	332.64	276.74
SNF/ICF	17,542	99,187	5,747,728.87	57.95	4.298	327.66	249.06
OUTPATIENTS	2,379	11,754	638,959.73	54.36	.509	268.58	27.69
MEDICAL SUPPLIES	1,949	385,464	227,526.76	.59	16.703	116.74	9.86
@DENTIST	1,172	3,180	\$ 134,294.70	\$ 42.23	.138	\$ 114.59	\$ 5.82

VISITS - DIAGNOSTIC	1,068	2,251	40,377.75	17.94	.098	37.81	1.75
ORAL SURGERY	103	420	23,719.70	56.48	.018	230.29	1.03
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	30	34	4,030.00	118.53	.001	134.33	.17
ENDODONTICS	3	7	1,725.00	246.43	.000	575.00	.07
RESTORATIVE DENTISTRY	59	138	11,271.00	81.67	.006	191.03	.49
PROSTHETICS	5	5	120.00	24.00	.000	24.00	.01
DENTURES, STAYPLATES	135	313	52,701.00	168.37	.014	390.38	2.28
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3	350.25	116.75	.000	116.75	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	11	9	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
 MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL

PAGE 3,030
 01/29/04

FRESNO COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

23,078 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	275	707	\$ 12,059.47	\$ 17.06	.031	\$ 43.85	\$.52
DIAGNOSTIC AND ANC. PROCED	39	39	1,606.04	41.18	.002	41.18	.07
EYE APPLIANCES	193	550	9,516.64	17.30	.024	49.31	.41
OTHER OPTOMETRIC SERVICES	68	118	936.79	7.94	.005	13.78	.04
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.000	\$ 25.08	\$.00
VISITS	2	3	50.16	16.72	.000	25.08	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1,980	2,716	\$ 14,188.75	\$ 5.22	.118	\$ 7.17	\$.61
MEDICINE/INJECTIONS	12	12	341.24	28.44	.001	28.44	.01
SURGERY/ANES.	1	1	9.00	9.00	.000	9.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1,968	2,703	13,838.51	5.12	.117	7.03	.60
@HOME HEALTH AGENCY	8	81	\$ 5,909.48	\$ 72.96	.004	\$ 738.69	\$.26
NURSE ANESTHESIST	1	3	13.74	4.58	.000	13.74	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	2	56.59	28.30	.000	56.59	.00
@TOTAL HOSPITAL	1,270	6,058	\$ 1,241,408.57	\$ 204.92	.263	\$ 977.49	\$ 53.79
HOSP INPATIENT TOTAL	306	2,458	1,162,398.61	472.90	.107	3798.69	50.37
HSC HOSPITALS	60	799	819,833.24	1026.07	.035	13663.89	35.52
NON-HSC HOSPITAL TOTAL	19	229	159,045.19	694.52	.010	8370.80	6.89
ACCOMMODATIONS	19	229	65,616.07	286.53	.010	3453.48	2.84
ADMINISTRATIVE DAYS	10	177	40,940.10	231.30	.008	4094.01	1.77
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	52	24,675.97	474.54	.002	2741.77	1.07
ANCILLARIES	19	0	93,429.12	.00	.000	4917.32	4.05
INPATIENT CROSSOVERS	231	1,430	183,520.18	128.34	.062	794.46	7.95
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,096	3,600	79,009.96	21.95	.156	72.09	3.42
MEDICAL	41	61	1,986.21	32.56	.003	48.44	.09
SURGERY	16	17	888.08	52.24	.001	55.51	.04
PATHOLOGY	89	331	3,677.55	11.11	.014	41.32	.16
RADIOLOGY	55	124	11,826.26	95.37	.005	215.02	.51
ROOM USE	114	146	6,500.09	44.52	.006	57.02	.28
CROSSOVERS/ALL OTH OUTPTNT	966	2,921	54,131.77	18.53	.127	56.04	2.35
@COUNTY HOSPITAL TOTAL	9	22	\$ 3,153.74	\$ 143.35	.001	\$ 350.42	\$.14
CO HOSPITAL INPATIENT TOTAL	1	2	2,700.00	1350.00	.000	2700.00	.12
HSC HOSPITALS	1	2	2,700.00	1350.00	.000	2700.00	.12
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	20	453.74	22.69	.001	56.72	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	43.64	8.73	.000	21.82	.00
RADIOLOGY	1	1	38.44	38.44	.000	38.44	.00
ROOM USE	3	4	155.68	38.92	.000	51.89	.01
CROSSOVERS/ALL OTH OUTPTNT	5	10	215.98	21.60	.000	43.20	.01

23,078 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,263	6,036	\$ 1,238,254.83	\$ 205.14	.262	\$ 980.41	\$ 53.66
COMM HOSP INPATIENT TOTAL	305	2,456	1,159,698.61	472.19	.106	3802.29	50.25
HSC HOSPITALS	59	797	817,133.24	1025.26	.035	13849.72	35.41
NON-HSC HOSPITALS TOTAL	19	229	159,045.19	694.52	.010	8370.80	6.89
ACCOMMODATIONS	19	229	65,616.07	286.53	.010	3453.48	2.84
ADMINISTRATIVE DAYS	10	177	40,940.10	231.30	.008	4094.01	1.77
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	52	24,675.97	474.54	.002	2741.77	1.07
ANCILLARIES	19	0	93,429.12	.00	.000	4917.32	4.05
INPATIENT CROSSOVERS	231	1,430	183,520.18	128.34	.062	794.46	7.95
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,090	3,580	78,556.22	21.94	.155	72.07	3.40
MEDICAL	41	61	1,986.21	32.56	.003	48.44	.09
SURGERY	16	17	888.08	52.24	.001	55.51	.04
PATHOLOGY	87	326	3,633.91	11.15	.014	41.77	.16
RADIOLOGY	54	123	11,787.82	95.84	.005	218.29	.51
ROOM USE	111	142	6,344.41	44.68	.006	57.16	.27
CROSSOVERS/ALL OTH OUTPTNT	961	2,911	53,915.79	18.52	.126	56.10	2.34
@STATE HOSPITAL	13	517	\$ 266,831.85	\$ 516.12	.022	\$ 20525.53	\$ 11.56
MENTALLY ILL	9	248	113,878.89	459.19	.011	12653.21	4.93
DEVELOP. DISABLED	4	269	152,952.96	568.60	.012	38238.24	6.63
@NURSING FACILITY	18,259	568,248	\$ 59,322,239.29	\$ 104.39	24.623	\$ 3248.93	\$ 2570.51
LEV A-INTERMEDIATE	2	23	1,915.58	83.29	.001	957.79	.08
LEV B-REHAB MD	18	518	57,050.78	110.14	.022	3169.49	2.47
LEV B-SUBACUTE FREESTANDING	156	5,160	1,754,807.49	340.08	.224	11248.77	76.04
LEV B-SUBACUTE HSPTL BASED	195	6,648	3,037,151.31	456.85	.288	15575.13	131.60
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	17,893	555,899	54,471,314.13	97.99	24.088	3044.28	2360.31
@INTERMEDIATE CARE FACIL.-DD	1,742	53,325	\$ 7,413,542.75	\$ 139.03	2.311	\$ 4255.77	\$ 321.24
ICF DDH	1,292	40,072	5,209,352.25	130.00	1.736	4032.01	225.73
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	450	13,253	2,204,190.50	166.32	.574	4898.20	95.51
@HEMODIALYSIS TOTAL	123	671	\$ 80,201.87	\$ 119.53	.029	\$ 652.05	\$ 3.48
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	123	671	80,201.87	119.53	.029	652.05	3.48
@REHABILITATION FACILITY	4	53	\$ 1,289.13	\$ 24.32	.002	\$ 322.28	\$.06
HOSPITAL BASED	3	49	1,219.81	24.89	.002	406.60	.05
INDEPENDENT FACILITY	1	4	69.32	17.33	.000	69.32	.00
@LABORATORY FACILITY	292	1,333	\$ 13,708.55	\$ 10.28	.058	\$ 46.95	\$.59
PATHOLOGY	288	1,326	13,648.62	10.29	.057	47.39	.59
XO AND OTHERS	4	7	59.93	8.56	.000	14.98	.00
@ORGANIZED OUTPATIENT CLINIC	612	1,325	\$ 75,234.98	\$ 56.78	.057	\$ 122.93	\$ 3.26
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	11	44	1,663.45	37.81	.002	151.22	.07
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	602	1,281	73,571.53	57.43	.056	122.21	3.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,032
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL						

23,078 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,472	248,410	\$ 1,167,728.15	\$ 4.70	10.764	\$ 261.12	\$ 50.60
DURABLE MED. EQUIP.	468	3,460	425,020.64	122.84	.150	908.16	18.42
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	54	63	31,514.59	500.23	.003	583.60	1.37
MEDICAL TRANSPORTATION	2,563	80,182	370,373.64	4.62	3.474	144.51	16.05

AMBULANCES/AIR TRANS	815	9,529	127,422.54	13.37	.413	156.35	5.52
OTHER TRANS	1,590	66,711	223,214.17	3.35	2.891	140.39	9.67
OTHER SERVICES	437	3,942	19,736.93	5.01	.171	45.16	.86
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	46	3,187.21	69.29	.002	637.44	.14
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	242	520	6,526.55	12.55	.023	26.97	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	258	858	6,573.16	7.66	.037	25.48	.28
PROSTHETIST/ORTHOTISTS	39	69	4,750.88	68.85	.003	121.82	.21
PROSTHETICS	33	62	4,508.11	72.71	.003	136.61	.20
ORTHOTICS	6	7	242.77	34.68	.000	40.46	.01
PSYCHOLOGIST	13	21	202.11	9.62	.001	15.55	.01
SPEECH AND AUDIOLOGY	721	2,763	113,058.35	40.92	.120	156.81	4.90
HOSPICE SERVICES	92	1,442	142,282.66	98.67	.062	1546.55	6.17
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	861	6,053.01	7.03	.037	550.27	.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	452	158,125	58,185.35	.37	6.852	128.73	2.52
@CALIF. CHILDREN SERVICES*	22	174	\$ 40,590.02	\$ 233.28	.008	\$ 1845.00	\$ 1.76
@XOVER EXCLUDING STATE HOSP**	7,564	387,147	\$ 1,682,570.73	\$ 4.35	16.776	\$ 222.44	\$ 72.91

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,033
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	52,678 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	42,183	1,588,949	\$	67,727,061.25	\$ 42.62	30.163	\$ 1605.55	\$ 1285.68
@PHYSICIANS SERVICES	8,285	29,444	\$	859,091.61	\$ 29.18	.559	\$ 103.69	\$ 16.31
OUTPATIENT VISITS	2,239	3,219		121,140.84	37.63	.061	54.10	2.30
OFFICE VISITS	1,741	2,478		81,553.87	32.91	.047	46.84	1.55
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	397	462		33,779.60	73.12	.009	85.09	.64
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	225	279		5,807.37	20.81	.005	25.81	.11
INPATIENT VISITS	471	1,888		80,096.48	42.42	.036	170.06	1.52
HOSPITAL VISITS	354	1,646		67,331.12	40.91	.031	190.20	1.28
CRITICAL CARE	22	62		7,351.10	118.57	.001	334.14	.14
SNF/ICF/TRANS IP CARE	119	180		5,414.26	30.08	.003	45.50	.10
OPHTHALMOLOGICAL SERVICES	163	206		8,249.07	40.04	.004	50.61	.16
EXAMINATIONS	163	206		8,249.07	40.04	.004	50.61	.16
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	169	1,300		86,514.10	66.55	.025	511.92	1.64
PRINCIPAL SURGEON	136	242		71,121.12	293.89	.005	522.95	1.35
ASSISTANT SURGEON	23	24		5,154.60	214.78	.000	224.11	.10
ANESTHESIOLOGIST	40	1,034		10,238.38	9.90	.020	255.96	.19
OUTPATIENT SURGERY	321	575		108,469.01	188.64	.011	337.91	2.06
PRINCIPAL SURGEON	292	368		102,776.90	279.29	.007	351.98	1.95
ASSISTANT SURGEON	2	2		199.55	99.78	.000	99.78	.00
ANESTHESIOLOGIST	44	205		5,492.56	26.79	.004	124.83	.10
DIALYSIS	105	296		33,118.44	111.89	.006	315.41	.63
PATHOLOGY	694	2,045		23,083.48	11.29	.039	33.26	.44

RADIOLOGY	1,095	2,488		82,510.88		33.16	.047	75.35	1.57
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	143	1,035		30,791.16		29.75	.020	215.32	.58
OTHER SERVICES/ALL X-OVERS	5,468	16,392		285,118.15		17.39	.311	52.14	5.41
@PHARMACY	33,848	598,829	\$	9,081,912.33	\$	15.17	11.368	268.31	172.40
PRESCRIPTION DRUGS	33,300	156,711		8,764,085.91		55.93	2.975	263.19	166.37
SNF/ICF	15,215	85,111		4,617,089.42		54.25	1.616	303.46	87.65
OUTPATIENTS	18,741	71,600		4,146,996.49		57.92	1.359	221.28	78.72
MEDICAL SUPPLIES	3,377	442,118		317,826.42		.72	8.393	94.12	6.03
@DENTIST	2,544	10,157	\$	478,316.44	\$	47.09	.193	188.02	9.08
VISITS - DIAGNOSTIC	1,828	5,753		81,058.95		14.09	.109	44.34	1.54
ORAL SURGERY	405	1,355		69,749.54		51.48	.026	172.22	1.32
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	7	7		500.00		71.43	.000	71.43	.01
PERIODONTICS	186	197		24,678.00		125.27	.004	132.68	.47
ENDODONTICS	67	91		19,966.00		219.41	.002	298.00	.38
RESTORATIVE DENTISTRY	451	1,289		99,669.00		77.32	.024	221.00	1.89
PROSTHETICS	25	26		760.00		29.23	.000	30.40	.01
DENTURES, STAYPLATES	502	1,377		181,934.95		132.12	.026	362.42	3.45
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	46	61		.00		.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 3,034
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED								

----- MONTHLY AVERAGE -----									
52,678 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	800	2,050	\$ 40,064.23	\$ 19.54	.039	\$ 50.08	\$.76		
DIAGNOSTIC AND ANC. PROCED	222	224	9,204.63	41.09	.004	41.46	.17		
EYE APPLIANCES	534	1,522	26,300.63	17.28	.029	49.25	.50		
OTHER OPTOMETRIC SERVICES	194	304	4,558.97	15.00	.006	23.50	.09		
@CHIROPRACTOR	15	31	\$ 389.13	\$ 12.55	.001	\$ 25.94	\$.01		
VISITS	7	13	217.36	16.72	.000	31.05	.00		
OTHER SERVICES	9	18	171.77	9.54	.000	19.09	.00		
@PODIATRIST	1,975	2,774	\$ 18,593.64	\$ 6.70	.053	\$ 9.41	\$.35		
MEDICINE/INJECTIONS	64	70	2,156.87	30.81	.001	33.70	.04		
SURGERY/ANES.	5	7	651.27	93.04	.000	130.25	.01		
RADIO./PATHOLOGY	7	7	121.10	17.30	.000	17.30	.00		
OTHER	1,913	2,690	15,664.40	5.82	.051	8.19	.30		
@HOME HEALTH AGENCY	72	509	\$ 36,581.87	\$ 71.87	.010	\$ 508.08	\$.69		
NURSE ANESTHESIST	15	104	\$ 1,200.66	\$ 11.54	.002	\$ 80.04	\$.02		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	16	35	\$ 881.37	\$ 25.18	.001	\$ 55.09	\$.02		
@TOTAL HOSPITAL	4,858	24,998	\$ 3,248,584.45	\$ 129.95	.475	\$ 668.71	\$ 61.67		
HOSP INPATIENT TOTAL	677	4,390	2,647,126.44	602.99	.083	3910.08	50.25		
HSC HOSPITALS	286	1,846	1,974,561.37	1069.64	.035	6904.06	37.48		
NON-HSC HOSPITAL TOTAL	43	289	386,162.33	1336.20	.005	8980.52	7.33		
ACCOMMODATIONS	43	289	117,080.14	405.12	.005	2722.79	2.22		
ADMINISTRATIVE DAYS	10	56	12,339.70	220.35	.001	1233.97	.23		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	33	233	104,740.44	449.53	.004	3173.95	1.99		
ANCILLARIES	43	0	269,082.19	.00	.000	6257.73	5.11		
INPATIENT CROSSOVERS	356	2,255	286,402.74	127.01	.043	804.50	5.44		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	4,490	20,608	601,458.01	29.19	.391	133.96	11.42		
MEDICAL	580	1,054	51,670.11	49.02	.020	89.09	.98		

SURGERY	162	176	13,045.16	74.12	.003	80.53	.25
PATHOLOGY	1,010	4,336	50,551.92	11.66	.082	50.05	.96
RADIOLOGY	746	1,463	114,351.36	78.16	.028	153.29	2.17
ROOM USE	1,628	2,664	108,910.11	40.88	.051	66.90	2.07
CROSSOVERS/ALL OTH OUTPTNT	3,020	10,915	262,929.35	24.09	.207	87.06	4.99
@COUNTY HOSPITAL TOTAL	27	113	13,084.99	115.80	.002	484.63	.25
CO HOSPITAL INPATIENT TOTAL	4	9	10,835.00	1203.89	.000	2708.75	.21
HSC HOSPITALS	4	9	10,835.00	1203.89	.000	2708.75	.21
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	24	104	2,249.99	21.63	.002	93.75	.04
MEDICAL	3	8	298.49	37.31	.000	99.50	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	30	360.16	12.01	.001	90.04	.01
RADIOLOGY	2	6	652.31	108.72	.000	326.16	.01
ROOM USE	6	10	367.13	36.71	.000	61.19	.01
CROSSOVERS/ALL OTH OUTPTNT	18	50	571.90	11.44	.001	31.77	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	52,678 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,831	24,885	\$	3,235,499.46	\$ 130.02	.472	\$ 669.74	\$ 61.42
COMM HOSP INPATIENT TOTAL	673	4,381		2,636,291.44	601.76	.083	3917.22	50.05
HSC HOSPITALS	282	1,837		1,963,726.37	1068.99	.035	6963.57	37.28
NON-HSC HOSPITALS TOTAL	43	289		386,162.33	1336.20	.005	8980.52	7.33
ACCOMMODATIONS	43	289		117,080.14	405.12	.005	2722.79	2.22
ADMINISTRATIVE DAYS	10	56		12,339.70	220.35	.001	1233.97	.23
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	33	233		104,740.44	449.53	.004	3173.95	1.99
ANCILLARIES	43	0		269,082.19	.00	.000	6257.73	5.11
INPATIENT CROSSOVERS	356	2,255		286,402.74	127.01	.043	804.50	5.44
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,466	20,504		599,208.02	29.22	.389	134.17	11.37
MEDICAL	577	1,046		51,371.62	49.11	.020	89.03	.98
SURGERY	162	176		13,045.16	74.12	.003	80.53	.25
PATHOLOGY	1,006	4,306		50,191.76	11.66	.082	49.89	.95
RADIOLOGY	744	1,457		113,699.05	78.04	.028	152.82	2.16
ROOM USE	1,622	2,654		108,542.98	40.90	.050	66.92	2.06
CROSSOVERS/ALL OTH OUTPTNT	3,002	10,865		262,357.45	24.15	.206	87.39	4.98
@STATE HOSPITAL	9	248	\$	113,878.89	\$ 459.19	.005	\$ 12653.21	\$ 2.16
MENTALLY ILL	9	248		113,878.89	459.19	.005	12653.21	2.16
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	16,929	519,659	\$	51,536,958.21	\$ 99.17	9.865	\$ 3044.30	\$ 978.34
LEV A-INTERMEDIATE	4	91		7,969.86	87.58	.002	1992.47	.15
LEV B-REHAB MD	6	153		15,180.75	99.22	.003	2530.13	.29
LEV B-SUBACUTE FREESTANDING	36	1,195		372,973.62	312.11	.023	10360.38	7.08
LEV B-SUBACUTE HSPTL BASED	14	492		204,707.24	416.07	.009	14621.95	3.89
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	16,870	517,728		50,936,126.74	98.38	9.828	3019.33	966.93
@INTERMEDIATE CARE FACIL.-DD	40	1,048	\$	147,242.18	\$ 140.50	.020	\$ 3681.05	\$ 2.80
ICF DDH	24	612		74,285.35	121.38	.012	3095.22	1.41
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	16	436		72,956.83	167.33	.008	4559.80	1.38
@HEMODIALYSIS TOTAL	288	5,509	\$	367,058.78	\$ 66.63	.105	\$ 1274.51	\$ 6.97
HOSPITAL BASED	25	46		100,774.04	2190.74	.001	4030.96	1.91
HEMODIALYSIS CENTER	263	5,463		266,284.74	48.74	.104	1012.49	5.05
@REHABILITATION FACILITY	19	62	\$	1,786.54	\$ 28.82	.001	\$ 94.03	\$.03
HOSPITAL BASED	19	62		1,786.54	28.82	.001	94.03	.03
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	692	4,303	\$	42,051.06	\$ 9.77	.082	\$ 60.77	\$.80
PATHOLOGY	683	4,279		41,978.08	9.81	.081	61.46	.80
XO AND OTHERS	9	24		72.98	3.04	.000	8.11	.00
@ORGANIZED OUTPATIENT CLINIC	2,304	4,084	\$	212,270.47	\$ 51.98	.078	\$ 92.13	\$ 4.03
CLINIC	35	168		2,733.37	16.27	.003	78.10	.05
SURGICENTER	95	296		16,000.90	54.06	.006	168.43	.30
HEROIN DETOX CLINIC	1	13		157.94	12.15	.000	157.94	.00
RURAL HEALTH CLINIC	2,185	3,607		193,378.26	53.61	.068	88.50	3.67

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,036

52,678 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	6,085	385,105	\$ 1,540,199.39	\$ 4.00	7.311	\$ 253.11	\$ 29.24
DURABLE MED. EQUIP.	465	2,696	335,622.11	124.49	.051	721.77	6.37
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	123	143	78,922.61	551.91	.003	641.65	1.50
MEDICAL TRANSPORTATION	2,763	91,604	429,568.35	4.69	1.739	155.47	8.15
AMBULANCES/AIR TRANS	957	9,856	140,267.32	14.23	.187	146.57	2.66
OTHER TRANS	1,578	77,077	257,492.49	3.34	1.463	163.18	4.89
OTHER SERVICES	506	4,671	31,808.54	6.81	.089	62.86	.60
ACUPUNCTURE	12	22	432.51	19.66	.000	36.04	.01
ADULT DAY HEALTH CARE CTR	324	4,963	344,054.50	69.32	.094	1061.90	6.53
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	115	272	30,163.91	110.90	.005	262.29	.57
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	944	2,185	34,075.16	15.60	.041	36.10	.65
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	243	806	4,962.36	6.16	.015	20.42	.09
PROSTHETIST/ORTHOTISTS	73	140	3,765.87	26.90	.003	51.59	.07
PROSTHETICS	66	132	3,428.10	25.97	.003	51.94	.07
ORTHOTICS	7	8	337.77	42.22	.000	48.25	.01
PSYCHOLOGIST	9	12	182.69	15.22	.000	20.30	.00
SPEECH AND AUDIOLOGY	301	653	37,191.13	56.95	.012	123.56	.71
HOSPICE SERVICES	100	1,548	153,905.69	99.42	.029	1539.06	2.92
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,088	280,061	87,352.50	.31	5.316	80.29	1.66
@CALIF. CHILDREN SERVICES*	3	3	137.70	\$ 45.90	.000	\$ 45.90	\$.00
@XOVER EXCLUDING STATE HOSP**	11,304	371,585	\$ 2,339,636.35	\$ 6.30	7.054	\$ 206.97	\$ 44.41

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
FRESNO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

PAGE 3,037
01/29/04

334 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	260	16,071	\$ 636,028.24	\$ 39.58	48.117	\$ 2446.26	\$ 1904.28
@PHYSICIANS SERVICES	55	99	\$ 1,869.09	\$ 18.88	.296	\$ 33.98	\$ 5.60
OUTPATIENT VISITS	7	7	198.36	28.34	.021	28.34	.59
OFFICE VISITS	6	6	153.76	25.63	.018	25.63	.46
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.003	44.60	.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	12	15	412.50	27.50	.045	34.38	1.24
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	12	15	412.50	27.50	.045	34.38	1.24
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.003	46.44	.14
EXAMINATIONS	1	1	46.44	46.44	.003	46.44	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00								
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00								
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00								
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00								
OUTPATIENT SURGERY	1	1		56.34	56.34	.003	56.34	.17								
PRINCIPAL SURGEON	1	1		56.34	56.34	.003	56.34	.17								
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00								
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00								
DIALYSIS	0	0		.00	.00	.000	.00	.00								
PATHOLOGY	2	4		20.78	5.20	.012	10.39	.06								
RADIOLOGY	0	0		.00	.00	.000	.00	.00								
PSYCHIATRY	0	0		.00	.00	.000	.00	.00								
IMMUNIZATION AND INJECTION	1	1		25.00	25.00	.003	25.00	.07								
OTHER SERVICES/ALL X-OVERS	36	70		1,109.67	15.85	.210	30.82	3.32								
@PHARMACY	205	9,347	\$	82,252.42	\$ 8.80	27.985	\$ 401.23	\$ 246.26								
PRESCRIPTION DRUGS	195	966		76,954.68	79.66	2.892	394.64	230.40								
SNF/ICF	129	636		51,036.14	80.25	1.904	395.63	152.80								
OUTPATIENTS	67	330		25,918.54	78.54	.988	386.84	77.60								
MEDICAL SUPPLIES	47	8,381		5,297.74	.63	25.093	112.72	15.86								
@DENTIST	21	92	\$	3,770.00	\$ 40.98	.275	\$ 179.52	\$ 11.29								
VISITS - DIAGNOSTIC	16	62		865.00	13.95	.186	54.06	2.59								
ORAL SURGERY	7	16		462.00	28.88	.048	66.00	1.38								
DRUGS	0	0		.00	.00	.000	.00	.00								
ANESTHESIA	0	0		.00	.00	.000	.00	.00								
PERIODONTICS	0	0		.00	.00	.000	.00	.00								
ENDODONTICS	0	0		.00	.00	.000	.00	.00								
RESTORATIVE DENTISTRY	2	7		348.00	49.71	.021	174.00	1.04								
PROSTHETICS	0	0		.00	.00	.000	.00	.00								
DENTURES, STAYPLATES	4	7		2,095.00	299.29	.021	523.75	6.27								
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00								
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00								
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00								
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00								
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00								
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003															
MOP024	FEE-FOR-SERVICE/DENTAL															
FRESNO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND															
PAGE 3,038																
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334 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	7	\$ 314.52	\$ 44.93	.021	\$ 104.84	\$.94
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.003	47.45	.14
EYE APPLIANCES	3	6	267.07	44.51	.018	89.02	.80
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	19	28	\$ 125.13	\$ 4.47	.084	\$ 6.59	\$.37
MEDICINE/INJECTIONS	1	1	21.40	21.40	.003	21.40	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	18	27	103.73	3.84	.081	5.76	.31
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	17	30	\$ 698.96	\$ 23.30	.090	\$ 41.12	\$ 2.09
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17	30	698.96	23.30	.090	41.12	2.09
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	41.78	41.78	.003	41.78	.13
PATHOLOGY	1	4	29.98	7.50	.012	29.98	.09
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	5	5	169.48	33.90	.015	33.90	.51
CROSSOVERS/ALL OTH OUTPTNT	11	20	457.72	22.89	.060	41.61	1.37
@COUNTY HOSPITAL TOTAL	1	1	\$ 28.13	\$ 28.13	.003	\$ 28.13	\$.08
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	28.13	28.13	.003	28.13	.08
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	28.13	28.13	.003	28.13	.08

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,039
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	334 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	29	\$	670.83	\$ 23.13	.087	\$ 41.93	\$ 2.01
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	16	29		670.83	23.13	.087	41.93	2.01
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		41.78	41.78	.003	41.78	.13
PATHOLOGY	1	4		29.98	7.50	.012	29.98	.09
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	5	5		169.48	33.90	.015	33.90	.51
CROSSOVERS/ALL OTH OUTPTNT	10	19		429.59	22.61	.057	42.96	1.29
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00

@NURSING FACILITY	132	4,051	\$	465,489.70	\$	114.91	12.129	\$	3526.44	\$	1393.68
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	132	4,051		465,489.70		114.91	12.129		3526.44		1393.68
@INTERMEDIATE CARE FACIL.-DD	16	489	\$	70,587.59	\$	144.35	1.464	\$	4411.72	\$	211.34
ICF DDH	12	381		51,678.27		135.64	1.141		4306.52		154.73
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	4	108		18,909.32		175.09	.323		4727.33		56.61
@HEMODIALYSIS TOTAL	2	3	\$	754.51	\$	251.50	.009	\$	377.26	\$	2.26
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	3		754.51		251.50	.009		377.26		2.26
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	5	\$	48.94	\$	9.79	.015	\$ 24.47	\$.15
PATHOLOGY	2	5		48.94		9.79	.015	24.47	.15
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	305.68	\$	101.89	.009	\$ 152.84	\$.92
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2	3		305.68		101.89	.009	152.84	.92

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,040
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

334 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	49	1,917	\$ 9,811.70	\$ 5.12	5.740	\$ 200.24	\$ 29.38
DURABLE MED. EQUIP.	4	12	3,961.12	330.09	.036	990.28	11.86
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	23	833	3,417.68	4.10	2.494	148.59	10.23
AMBULANCES/AIR TRANS	6	30	713.37	23.78	.090	118.90	2.14
OTHER TRANS	16	757	2,263.19	2.99	2.266	141.45	6.78
OTHER SERVICES	6	46	441.12	9.59	.138	73.52	1.32
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	3	58.04	19.35	.009	29.02	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	8	3.00	.38	.024	1.50	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	30	1,225.85	40.86	.090	122.59	3.67
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	235	619.66	2.64	.704	309.83	1.86
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	796	526.35	.66	2.383	75.19	1.58
@CALIF. CHILDREN SERVICES*	3	3	\$ 77.41	\$ 25.80	.009	\$ 25.80	\$.23
@XOVER EXCLUDING STATE HOSP**	84	5,391	\$ 4,957.94	\$.92	16.141	\$ 59.02	\$ 14.84

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,041
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED	

25,416 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22,607	897,462	\$ 40,660,808.23	\$ 45.31	35.311	\$ 1798.59	\$ 1599.81
@PHYSICIANS SERVICES	7,293	50,893	\$ 1,437,625.27	\$ 28.25	2.002	\$ 197.12	\$ 56.56
OUTPATIENT VISITS	2,573	4,229	169,508.30	40.08	.166	65.88	6.67
OFFICE VISITS	1,365	1,992	64,231.09	32.24	.078	47.06	2.53
HOME VISITS	12	14	751.40	53.67	.001	62.62	.03
EMERGENCY ROOM	859	1,195	82,781.05	69.27	.047	96.37	3.26

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	14	397.54	28.40	.001	132.51	.02
OTHER OUTPATIENT	656	1,014	21,347.22	21.05	.040	32.54	.84
INPATIENT VISITS	1,213	6,115	243,998.03	39.90	.241	201.15	9.60
HOSPITAL VISITS	789	4,441	169,942.26	38.27	.175	215.39	6.69
CRITICAL CARE	71	210	24,021.27	114.39	.008	338.33	.95
SNF/ICF/TRANS IP CARE	447	1,464	50,034.50	34.18	.058	111.93	1.97
OPHTHALMOLOGICAL SERVICES	129	149	6,504.74	43.66	.006	50.42	.26
EXAMINATIONS	129	149	6,504.74	43.66	.006	50.42	.26
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	474	2,153	272,292.85	126.47	.085	574.46	10.71
PRINCIPAL SURGEON	423	1,265	245,648.30	194.19	.050	580.73	9.67
ASSISTANT SURGEON	48	61	11,638.34	190.79	.002	242.47	.46
ANESTHESIOLOGIST	63	827	15,006.21	18.15	.033	238.19	.59
OUTPATIENT SURGERY	399	895	92,832.18	103.72	.035	232.66	3.65
PRINCIPAL SURGEON	369	487	84,546.61	173.61	.019	229.12	3.33
ASSISTANT SURGEON	4	7	1,454.21	207.74	.000	363.55	.06
ANESTHESIOLOGIST	47	401	6,831.36	17.04	.016	145.35	.27
DIALYSIS	202	829	64,451.03	77.75	.033	319.06	2.54
PATHOLOGY	562	1,746	30,052.64	17.21	.069	53.47	1.18
RADIOLOGY	1,393	4,543	144,766.47	31.87	.179	103.92	5.70
PSYCHIATRY	5	6	176.26	29.38	.000	35.25	.01
IMMUNIZATION AND INJECTION	163	4,776	156,111.30	32.69	.188	957.74	6.14
OTHER SERVICES/ALL X-OVERS	3,681	25,452	256,931.47	10.09	1.001	69.80	10.11
@PHARMACY	16,824	318,866	\$ 7,108,415.08	\$ 22.29	12.546	\$ 422.52	\$ 279.68
PRESCRIPTION DRUGS	16,417	84,662	6,737,611.38	79.58	3.331	410.40	265.09
SNF/ICF	3,601	22,127	1,608,306.83	72.69	.871	446.63	63.28
OUTPATIENTS	12,982	62,535	5,129,304.55	82.02	2.460	395.11	201.81
MEDICAL SUPPLIES	2,741	234,204	370,803.70	1.58	9.215	135.28	14.59
@DENTIST	1,871	8,187	\$ 355,771.10	\$ 43.46	.322	\$ 190.15	\$ 14.00
VISITS - DIAGNOSTIC	1,252	4,656	56,999.07	12.24	.183	45.53	2.24
ORAL SURGERY	293	1,002	53,890.45	53.78	.039	183.93	2.12
DRUGS	2	2	30.00	15.00	.000	15.00	.00
ANESTHESIA	6	6	500.00	83.33	.000	83.33	.02
PERIODONTICS	228	247	30,900.50	125.10	.010	135.53	1.22
ENDODONTICS	79	119	25,135.50	211.22	.005	318.17	.99
RESTORATIVE DENTISTRY	462	1,364	107,691.25	78.95	.054	233.10	4.24
PROSTHETICS	19	19	480.00	25.26	.001	25.26	.02
DENTURES, STAYPLATES	222	724	79,332.00	109.57	.028	357.35	3.12
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	5	5	762.33	152.47	.000	152.47	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	3	50.00	16.67	.000	25.00	.00
ALL OTHER SERVICES	25	40	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,042
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED						

						----- MONTHLY AVERAGE -----	
25,416 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	485	1,351	\$ 28,785.57	\$ 21.31	.053	\$ 59.35	\$ 1.13
DIAGNOSTIC AND ANC. PROCED	223	227	10,184.72	44.87	.009	45.67	.40
EYE APPLIANCES	357	1,029	17,163.25	16.68	.040	48.08	.68
OTHER OPTOMETRIC SERVICES	56	95	1,437.60	15.13	.004	25.67	.06
@CHIROPRACTOR	37	65	\$ 1,084.28	\$ 16.68	.003	\$ 29.30	\$.04
VISITS	36	63	1,050.84	16.68	.002	29.19	.04
OTHER SERVICES	2	2	33.44	16.72	.000	16.72	.00
@PODIATRIST	570	766	\$ 9,656.66	\$ 12.61	.030	\$ 16.94	\$.38
MEDICINE/INJECTIONS	85	93	2,594.13	27.89	.004	30.52	.10
SURGERY/ANES.	5	5	47.25	9.45	.000	9.45	.00

RADIO./PATHOLOGY	6	8		138.40		17.30	.000	23.07	.01
OTHER	493	660		6,876.88		10.42	.026	13.95	.27
@HOME HEALTH AGENCY	142	10,518	\$	341,933.79	\$	32.51	.414	\$ 2407.98	\$ 13.45
NURSE ANESTHESIST	7	41	\$	581.95	\$	14.19	.002	\$ 83.14	\$.02
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	13	19	\$	498.17	\$	26.22	.001	\$ 38.32	\$.02
@TOTAL HOSPITAL	4,595	39,708	\$	9,523,533.53	\$	239.84	1.562	\$ 2072.59	\$ 374.71
HOSP INPATIENT TOTAL	933	9,561		8,691,462.48		909.05	.376	9315.61	341.97
HSC HOSPITALS	728	7,767		8,006,108.02		1030.79	.306	10997.40	315.00
NON-HSC HOSPITAL TOTAL	73	761		561,104.22		737.32	.030	7686.36	22.08
ACCOMMODATIONS	73	761		208,918.77		274.53	.030	2861.90	8.22
ADMINISTRATIVE DAYS	41	575		131,256.14		228.27	.023	3201.37	5.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	33	186		77,662.63		417.54	.007	2353.41	3.06
ANCILLARIES	73	0		352,185.45		.00	.000	4824.46	13.86
INPATIENT CROSSOVERS	147	1,033		124,250.24		120.28	.041	845.24	4.89
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,994	30,147		832,071.05		27.60	1.186	208.33	32.74
MEDICAL	663	1,288		63,855.45		49.58	.051	96.31	2.51
SURGERY	167	211		11,108.13		52.65	.008	66.52	.44
PATHOLOGY	1,339	7,267		80,593.17		11.09	.286	60.19	3.17
RADIOLOGY	803	1,919		159,069.60		82.89	.076	198.09	6.26
ROOM USE	1,755	3,614		146,233.43		40.46	.142	83.32	5.75
CROSSOVERS/ALL OTH OUTPTNT	2,494	15,848		371,211.27		23.42	.624	148.84	14.61
@COUNTY HOSPITAL TOTAL	23	80	\$	22,356.77	\$	279.46	.003	\$ 972.03	\$.88
CO HOSPITAL INPATIENT TOTAL	4	16		20,564.00		1285.25	.001	5141.00	.81
HSC HOSPITALS	4	16		20,564.00		1285.25	.001	5141.00	.81
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	20	64		1,792.77		28.01	.003	89.64	.07
MEDICAL	7	8		346.75		43.34	.000	49.54	.01
SURGERY	2	3		165.27		55.09	.000	82.64	.01
PATHOLOGY	5	10		82.46		8.25	.000	16.49	.00
RADIOLOGY	2	3		88.96		29.65	.000	44.48	.00
ROOM USE	12	15		659.25		43.95	.001	54.94	.03
CROSSOVERS/ALL OTH OUTPTNT	8	25		450.08		18.00	.001	56.26	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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		----- MONTHLY AVERAGE -----						
25,416 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	4,581	39,628	\$ 9,501,176.76	\$ 239.76	1.559	\$ 2074.04	\$ 373.83	
COMM HOSP INPATIENT TOTAL	930	9,545	8,670,898.48	908.42	.376	9323.55	341.16	
HSC HOSPITALS	725	7,751	7,985,544.02	1030.26	.305	11014.54	314.19	
NON-HSC HOSPITALS TOTAL	73	761	561,104.22	737.32	.030	7686.36	22.08	
ACCOMMODATIONS	73	761	208,918.77	274.53	.030	2861.90	8.22	
ADMINISTRATIVE DAYS	41	575	131,256.14	228.27	.023	3201.37	5.16	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	33	186	77,662.63	417.54	.007	2353.41	3.06	
ANCILLARIES	73	0	352,185.45	.00	.000	4824.46	13.86	
INPATIENT CROSSOVERS	147	1,033	124,250.24	120.28	.041	845.24	4.89	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	3,982	30,083		830,278.28		27.60	1.184	208.51	32.67
MEDICAL	656	1,280		63,508.70		49.62	.050	96.81	2.50
SURGERY	165	208		10,942.86		52.61	.008	66.32	.43
PATHOLOGY	1,334	7,257		80,510.71		11.09	.286	60.35	3.17
RADIOLOGY	801	1,916		158,980.64		82.98	.075	198.48	6.26
ROOM USE	1,746	3,599		145,574.18		40.45	.142	83.38	5.73
CROSSOVERS/ALL OTH OUTPTNT	2,490	15,823		370,761.19		23.43	.623	148.90	14.59
@STATE HOSPITAL	4	269	\$	152,952.96	\$	568.60	.011	\$ 38238.24	\$ 6.02
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	4	269		152,952.96		568.60	.011	38238.24	6.02
@NURSING FACILITY	2,611	81,189	\$	12,281,174.48	\$	151.27	3.194	\$ 4703.63	\$ 483.21
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	12	365		41,870.03		114.71	.014	3489.17	1.65
LEV B-SUBACUTE FREESTANDING	120	3,965		1,381,833.87		348.51	.156	11515.28	54.37
LEV B-SUBACUTE HSPTL BASED	215	7,170		3,281,266.73		457.64	.282	15261.71	129.10
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	2,274	69,689		7,576,203.85		108.71	2.742	3331.66	298.09
@INTERMEDIATE CARE FACIL.-DD	1,711	52,591	\$	7,336,945.46	\$	139.51	2.069	\$ 4288.10	\$ 288.67
ICF DDH	1,260	39,226		5,104,875.67		130.14	1.543	4051.49	200.85
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	451	13,365		2,232,069.79		167.01	.526	4949.16	87.82
@HEMODIALYSIS TOTAL	477	10,574	\$	723,623.88	\$	68.43	.416	\$ 1517.03	\$ 28.47
HOSPITAL BASED	48	157		169,971.14		1082.62	.006	3541.07	6.69
HEMODIALYSIS CENTER	434	10,417		553,652.74		53.15	.410	1275.70	21.78
@REHABILITATION FACILITY	88	543	\$	11,544.08	\$	21.26	.021	\$ 131.18	\$.45
HOSPITAL BASED	56	366		8,287.43		22.64	.014	147.99	.33
INDEPENDENT FACILITY	32	177		3,256.65		18.40	.007	101.77	.13
@LABORATORY FACILITY	802	4,645	\$	48,728.89	\$	10.49	.183	\$ 60.76	\$ 1.92
PATHOLOGY	793	4,630		48,602.03		10.50	.182	61.29	1.91
XO AND OTHERS	9	15		126.86		8.46	.001	14.10	.00
@ORGANIZED OUTPATIENT CLINIC	1,359	2,710	\$	199,744.86	\$	73.71	.107	\$ 146.98	\$ 7.86
CLINIC	53	166		3,547.01		21.37	.007	66.92	.14
SURGICENTER	37	139		6,909.28		49.71	.005	186.74	.27
HEROIN DETOX CLINIC	9	134		1,455.99		10.87	.005	161.78	.06
RURAL HEALTH CLINIC	1,268	2,271		187,832.58		82.71	.089	148.13	7.39
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				----- MONTHLY AVERAGE -----				
25,416 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4,134	314,525	\$ 1,098,149.26	\$ 3.49	12.375	\$ 265.64	\$ 43.21	
DURABLE MED. EQUIP.	306	1,708	273,988.57	160.41	.067	895.39	10.78	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	23	32	8,727.21	272.73	.001	379.44	.34	
MEDICAL TRANSPORTATION	1,381	46,449	265,852.24	5.72	1.828	192.51	10.46	
AMBULANCES/AIR TRANS	828	11,328	139,465.96	12.31	.446	168.44	5.49	
OTHER TRANS	460	33,246	109,810.92	3.30	1.308	238.72	4.32	
OTHER SERVICES	176	1,875	16,575.36	8.84	.074	94.18	.65	
ACUPUNCTURE	3	5	91.91	18.38	.000	30.64	.00	
ADULT DAY HEALTH CARE CTR	140	2,055	142,667.82	69.42	.081	1019.06	5.61	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	28	75	10,739.70	143.20	.003	383.56	.42	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	629	1,471	18,703.59	12.71	.058	29.74	.74	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	53	155	2,517.99	16.25	.006	47.51	.10	
PROSTHETIST/ORTHOTISTS	80	272	26,358.05	96.90	.011	329.48	1.04	
PROSTHETICS	79	270	26,286.53	97.36	.011	332.74	1.03	
ORTHOTICS	1	2	71.52	35.76	.000	71.52	.00	

PSYCHOLOGIST	8	22	604.90	27.50	.001	75.61	.02
SPEECH AND AUDIOLOGY	638	2,589	108,098.83	41.75	.102	169.43	4.25
HOSPICE SERVICES	31	703	85,664.53	121.86	.028	2763.37	3.37
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	278	7,262	40,318.48	5.55	.286	145.03	1.59
EPSDT SUPPLEMENTAL SERVICE	6	509	12,347.84	24.26	.020	2057.97	.49
RESPIRATORY CARE PRACT.	2	2	58.96	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	910	251,217	101,362.60	.40	9.884	111.39	3.99
@CALIF. CHILDREN SERVICES*	232	15,100	\$ 285,954.35	\$ 18.94	.594	\$ 1232.56	\$ 11.25
@XOVER EXCLUDING STATE HOSP**	4,960	103,723	\$ 929,792.39	\$ 8.96	4.081	\$ 187.46	\$ 36.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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FRESNO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

372,978 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	276,116	1,308,231	\$ 72,012,968.16	\$ 55.05	3.508	\$ 260.81	\$ 193.08
@PHYSICIANS SERVICES	42,826	149,472	\$ 7,634,448.62	\$ 51.08	.401	\$ 178.27	\$ 20.47
OUTPATIENT VISITS	27,726	63,534	1,970,587.92	31.02	.170	71.07	5.28
OFFICE VISITS	8,655	10,870	374,432.65	34.45	.029	43.26	1.00
HOME VISITS	5	6	299.18	49.86	.000	59.84	.00
EMERGENCY ROOM	7,835	8,821	489,114.56	55.45	.024	62.43	1.31
PREVENTIVE CARE	80	85	3,437.09	40.44	.000	42.96	.01
OB VISITS/COMPRE PERI	8,494	38,712	954,225.26	24.65	.104	112.34	2.56
OTHER OUTPATIENT	4,322	5,040	149,079.18	29.58	.014	34.49	.40
INPATIENT VISITS	4,406	15,219	1,216,795.33	79.95	.041	276.17	3.26
HOSPITAL VISITS	4,116	11,015	523,628.89	47.54	.030	127.22	1.40
CRITICAL CARE	407	4,149	690,823.47	166.50	.011	1697.35	1.85
SNF/ICF/TRANS IP CARE	18	55	2,342.97	42.60	.000	130.17	.01
OPHTHALMOLOGICAL SERVICES	435	538	25,943.18	48.22	.001	59.64	.07
EXAMINATIONS	434	536	25,732.27	48.01	.001	59.29	.07
SERVICES AND MATERIALS	2	2	210.91	105.46	.000	105.46	.00
INPATIENT HOSPITAL SURGERY	4,358	15,927	2,376,391.86	149.21	.043	545.29	6.37
PRINCIPAL SURGEON	3,173	3,915	1,993,586.12	509.22	.010	628.30	5.35
ASSISTANT SURGEON	487	492	92,126.28	187.25	.001	189.17	.25
ANESTHESIOLOGIST	1,385	11,520	290,679.46	25.23	.031	209.88	.78
OUTPATIENT SURGERY	3,017	6,965	545,960.45	78.39	.019	180.96	1.46
PRINCIPAL SURGEON	2,530	3,353	456,061.11	136.02	.009	180.26	1.22
ASSISTANT SURGEON	33	33	4,792.93	145.24	.000	145.24	.01
ANESTHESIOLOGIST	865	3,579	85,106.41	23.78	.010	98.39	.23
DIALYSIS	106	297	48,379.24	162.89	.001	456.41	.13
PATHOLOGY	6,698	14,751	327,816.03	22.22	.040	48.94	.88
RADIOLOGY	10,445	16,130	625,876.11	38.80	.043	59.92	1.68
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	911	5,353	139,986.34	26.15	.014	153.66	.38
OTHER SERVICES/ALL X-OVERS	5,113	10,758	356,712.16	33.16	.029	69.77	.96
@PHARMACY	44,883	147,448	\$ 4,648,496.20	\$ 31.53	.395	\$ 103.57	\$ 12.46
PRESCRIPTION DRUGS	43,579	97,472	3,996,929.45	41.01	.261	91.72	10.72
SNF/ICF	69	480	30,295.32	63.12	.001	439.06	.08
OUTPATIENTS	43,520	96,992	3,966,634.13	40.90	.260	91.15	10.64
MEDICAL SUPPLIES	3,246	49,976	651,566.75	13.04	.134	200.73	1.75
@DENTIST	66,552	412,935	\$ 12,193,107.41	\$ 29.53	1.107	\$ 183.21	\$ 32.69
VISITS - DIAGNOSTIC	48,235	276,216	3,291,268.79	11.92	.741	68.23	8.82
ORAL SURGERY	9,990	19,536	1,213,607.65	62.12	.052	121.48	3.25
DRUGS	2,459	3,568	74,045.97	20.75	.010	30.11	.20
ANESTHESIA	682	698	67,600.00	96.85	.002	99.12	.18
PERIODONTICS	4,632	4,876	589,338.60	120.87	.013	127.23	1.58
ENDODONTICS	5,022	8,166	1,158,724.89	141.90	.022	230.73	3.11
RESTORATIVE DENTISTRY	25,848	88,554	5,027,851.05	56.78	.237	194.52	13.48
PROSTHETICS	248	268	5,975.00	22.29	.001	24.09	.02
DENTURES, STAYPLATES	1,014	4,014	293,731.85	73.18	.011	289.68	.79
SPACE MAINTAINERS	450	573	58,237.20	101.64	.002	129.42	.16
MAXILLOFACIAL SERVICES	417	430	43,287.32	100.67	.001	103.81	.12
FRACTURES, DISLOCATIONS	9	12	7,900.00	658.33	.000	877.78	.02
ORTHODONTIC SERVICES	3,512	4,320	355,639.09	82.32	.012	101.26	.95
ALL OTHER SERVICES	1,129	1,704	5,900.00	3.46	.005	5.23	.02

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SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

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372,978 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

MONTHLY AVERAGE
UNITS/DAYS
PER ELIG

COST PER
USERCOST PER
ELIGIBLE

@OPTOMETRIST	1,453	4,269	\$	103,618.22	\$	24.27	.011	\$	71.31	\$	.28
DIAGNOSTIC AND ANC. PROCED	1,232	1,238		57,720.94		46.62	.003		46.85		.15
EYE APPLIANCES	1,047	2,994		44,660.35		14.92	.008		42.66		.12
OTHER OPTOMETRIC SERVICES	34	37		1,236.93		33.43	.000		36.38		.00
@CHIROPRACTOR	1,224	2,058	\$	34,177.92	\$	16.61	.006	\$	27.92	\$	.09
VISITS	1,224	2,058		34,177.92		16.61	.006		27.92		.09
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	94	150	\$	5,468.23	\$	36.45	.000	\$	58.17	\$	.01
MEDICINE/INJECTIONS	88	98		3,342.84		34.11	.000		37.99		.01
SURGERY/ANES.	4	4		63.00		15.75	.000		15.75		.00
RADIO./PATHOLOGY	11	12		207.60		17.30	.000		18.87		.00
OTHER	17	36		1,854.79		51.52	.000		109.11		.00
@HOME HEALTH AGENCY	200	5,438	\$	181,017.92	\$	33.29	.015	\$	905.09	\$	.49
NURSE ANESTHESIST	243	1,124	\$	27,831.01	\$	24.76	.003	\$	114.53	\$	.07
NURSE MIDWIFE	13	33	\$	3,383.74	\$	102.54	.000	\$	260.29	\$	.01
PEDIATRIC NURSE PRACTITIONER	2	8	\$	163.37	\$	20.42	.000	\$	81.69	\$	.00
FAMILY NURSE PRACTITIONER	223	448	\$	11,960.27	\$	26.70	.001	\$	53.63	\$	.03
@TOTAL HOSPITAL	38,469	174,271	\$	31,681,930.22	\$	181.80	.467	\$	823.57	\$	84.94
HOSP INPATIENT TOTAL	5,055	20,615		27,582,797.55		1338.00	.055		5456.54		73.95
HSC HOSPITALS	4,274	17,993		24,507,960.80		1362.08	.048		5734.20		65.71
NON-HSC HOSPITAL TOTAL	801	2,622		3,072,725.01		1171.90	.007		3836.11		8.24
ACCOMMODATIONS	782	2,622		1,059,339.84		404.02	.007		1354.65		2.84
ADMINISTRATIVE DAYS	24	121		28,006.05		231.45	.000		1166.92		.08
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	758	2,501		1,031,333.79		412.37	.007		1360.60		2.77
ANCILLARIES	799	0		2,013,385.17		.00	.000		2519.88		5.40
INPATIENT CROSSOVERS	3	0		2,111.74		.00	.000		703.91		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	35,733	153,656		4,099,132.67		26.68	.412		114.72		10.99
MEDICAL	5,406	8,317		357,465.16		42.98	.022		66.12		.96
SURGERY	2,329	3,314		145,067.12		43.77	.009		62.29		.39
PATHOLOGY	13,817	46,178		631,734.20		13.68	.124		45.72		1.69
RADIOLOGY	6,589	9,023		654,215.03		72.51	.024		99.29		1.75
ROOM USE	24,362	35,672		1,391,500.69		39.01	.096		57.12		3.73
CROSSOVERS/ALL OTH OUTPTNT	17,626	51,152		919,150.47		17.97	.137		52.15		2.46
@COUNTY HOSPITAL TOTAL	93	372	\$	106,122.10	\$	285.27	.001	\$	1141.10	\$	.28
CO HOSPITAL INPATIENT TOTAL	16	76		95,761.15		1260.02	.000		5985.07		.26
HSC HOSPITALS	16	76		95,761.15		1260.02	.000		5985.07		.26
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	82	296		10,360.95		35.00	.001		126.35		.03
MEDICAL	13	19		706.43		37.18	.000		54.34		.00
SURGERY	6	6		269.23		44.87	.000		44.87		.00
PATHOLOGY	28	120		1,448.32		12.07	.000		51.73		.00
RADIOLOGY	16	23		1,239.69		53.90	.000		77.48		.00
ROOM USE	50	64		2,572.47		40.19	.000		51.45		.01
CROSSOVERS/ALL OTH OUTPTNT	41	64		4,124.81		64.45	.000		100.61		.01
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MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES										

	372,978 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		38,390	173,899	\$ 31,575,808.12	\$ 181.58	.466	\$ 822.50	\$ 84.66

COMM HOSP INPATIENT TOTAL	5,040	20,539		27,487,036.40	1338.29	.055	5453.78	73.70
HSC HOSPITALS	4,259	17,917		24,412,199.65	1362.52	.048	5731.91	65.45
NON-HSC HOSPITALS TOTAL	801	2,622		3,072,725.01	1171.90	.007	3836.11	8.24
ACCOMMODATIONS	782	2,622		1,059,339.84	404.02	.007	1354.65	2.84
ADMINISTRATIVE DAYS	24	121		28,006.05	231.45	.000	1166.92	.08
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	758	2,501		1,031,333.79	412.37	.007	1360.60	2.77
ANCILLARIES	799	0		2,013,385.17	.00	.000	2519.88	5.40
INPATIENT CROSSOVERS	3	0		2,111.74	.00	.000	703.91	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	35,661	153,360		4,088,771.72	26.66	.411	114.66	10.96
MEDICAL	5,393	8,298		356,758.73	42.99	.022	66.15	.96
SURGERY	2,323	3,308		144,797.89	43.77	.009	62.33	.39
PATHOLOGY	13,790	46,058		630,285.88	13.68	.123	45.71	1.69
RADIOLOGY	6,576	9,000		652,975.34	72.55	.024	99.30	1.75
ROOM USE	24,314	35,608		1,388,928.22	39.01	.095	57.12	3.72
CROSSOVERS/ALL OTH OUTPTNT	17,587	51,088		915,025.66	17.91	.137	52.03	2.45
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	36	1,077	\$	368,804.25	\$ 342.44	.003	\$ 10244.56	\$.99
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	8	114		57,297.97	502.61	.000	7162.25	.15
LEV B-SUBACUTE HSPTL BASED	13	507		252,993.95	499.00	.001	19461.07	.68
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	16	456		58,512.33	128.32	.001	3657.02	.16
@INTERMEDIATE CARE FACIL.-DD	14	416	\$	150,583.84	\$ 361.98	.001	\$ 10755.99	\$.40
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	14	416		150,583.84	361.98	.001	10755.99	.40
@HEMODIALYSIS TOTAL	129	1,385	\$	288,618.83	\$ 208.39	.004	\$ 2237.36	\$.77
HOSPITAL BASED	71	161		233,361.17	1449.45	.000	3286.78	.63
HEMODIALYSIS CENTER	62	1,224		55,257.66	45.15	.003	891.25	.15
@REHABILITATION FACILITY	499	2,725	\$	65,167.31	\$ 23.91	.007	\$ 130.60	\$.17
HOSPITAL BASED	356	1,678		48,655.38	29.00	.004	136.67	.13
INDEPENDENT FACILITY	143	1,047		16,511.93	15.77	.003	115.47	.04
@LABORATORY FACILITY	7,707	25,895	\$	375,817.39	\$ 14.51	.069	\$ 48.76	\$ 1.01
PATHOLOGY	7,670	25,851		373,199.39	14.44	.069	48.66	1.00
XO AND OTHERS	47	44		2,618.00	59.50	.000	55.70	.01
@ORGANIZED OUTPATIENT CLINIC	88,404	137,720	\$	11,852,061.79	\$ 86.06	.369	\$ 134.07	\$ 31.78
CLINIC	1,096	4,263		103,273.56	24.23	.011	94.23	.28
SURGICENTER	69	372		32,775.84	88.11	.001	475.01	.09
HEROIN DETOX CLINIC	46	598		6,628.04	11.08	.002	144.09	.02
RURAL HEALTH CLINIC	87,299	132,487		11,709,384.35	88.38	.355	134.13	31.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 3,048
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES							

372,978 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	49,122	241,359	\$ 2,386,311.62	\$ 9.89	.647	\$ 48.58	\$ 6.40
DURABLE MED. EQUIP.	399	1,150	132,984.21	115.64	.003	333.29	.36
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2,316	27,228	381,250.64	14.00	.073	164.62	1.02
AMBULANCES/AIR TRANS	2,305	26,944	312,326.18	11.59	.072	135.50	.84
OTHER TRANS	9	241	570.77	2.37	.001	63.42	.00
OTHER SERVICES	43	43	68,353.69	1589.62	.000	1589.62	.18
ACUPUNCTURE	74	137	2,589.68	18.90	.000	35.00	.01

ADULT DAY HEALTH CARE CTR	25	378	26,267.34	69.49	.001	1050.69	.07
GENETIC DISEASE TESTING	2,753	2,759	284,413.50	103.09	.007	103.31	.76
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11,480	24,720	241,040.95	9.75	.066	21.00	.65
PHYSICAL THERAPIST	88	276	15,143.82	54.87	.001	172.09	.04
PORTABLE X-RAY	2	7	159.20	22.74	.000	79.60	.00
PROSTHETIST/ORTHOTISTS	1,134	2,486	162,096.21	65.20	.007	142.94	.43
PROSTHETICS	463	1,630	84,016.34	51.54	.004	181.46	.23
ORTHOTICS	847	856	78,079.87	91.21	.002	92.18	.21
PSYCHOLOGIST	1	4	275.41	68.85	.000	275.41	.00
SPEECH AND AUDIOLOGY	37	79	14,113.58	178.65	.000	381.45	.04
HOSPICE SERVICES	2	8	4,273.40	534.18	.000	2136.70	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	31,367	107,532	1,081,545.47	10.06	.288	34.48	2.90
EPSDT SUPPLEMENTAL SERVICE	2	474	11,575.08	24.42	.001	5787.54	.03
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	90	74,121	28,583.13	.39	.199	317.59	.08
@CALIF. CHILDREN SERVICES*	7,120	132,195	\$ 17,095,328.78	\$ 129.32	.354	\$ 2401.03	\$ 45.83
@XOVER EXCLUDING STATE HOSP**	107	365	\$ 24,366.13	\$ 66.76	.001	\$ 227.72	\$.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,049
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

						----- MONTHLY AVERAGE -----	
451,406 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	341,166	3,810,713	\$ 181,036,865.88	\$ 47.51	8.442	\$ 530.64	\$ 401.05
@PHYSICIANS SERVICES	58,459	229,908	\$ 9,933,034.59	\$ 43.20	.509	\$ 169.91	\$ 22.00
OUTPATIENT VISITS	32,545	70,989	2,261,435.42	31.86	.157	69.49	5.01
OFFICE VISITS	11,767	15,346	520,371.37	33.91	.034	44.22	1.15
HOME VISITS	17	20	1,050.58	52.53	.000	61.80	.00
EMERGENCY ROOM	9,092	10,479	605,719.81	57.80	.023	66.62	1.34
PREVENTIVE CARE	80	85	3,437.09	40.44	.000	42.96	.01
OB VISITS/COMPRE PERI	8,497	38,726	954,622.80	24.65	.086	112.35	2.11
OTHER OUTPATIENT	5,203	6,333	176,233.77	27.83	.014	33.87	.39
INPATIENT VISITS	6,102	23,237	1,541,302.34	66.33	.051	252.59	3.41
HOSPITAL VISITS	5,259	17,102	760,902.27	44.49	.038	144.69	1.69
CRITICAL CARE	500	4,421	722,195.84	163.36	.010	1444.39	1.60
SNF/ICF/TRANS IP CARE	596	1,714	58,204.23	33.96	.004	97.66	.13
OPHTHALMOLOGICAL SERVICES	728	894	40,743.43	45.57	.002	55.97	.09
EXAMINATIONS	727	892	40,532.52	45.44	.002	55.75	.09
SERVICES AND MATERIALS	2	2	210.91	105.46	.000	105.46	.00
INPATIENT HOSPITAL SURGERY	5,001	19,380	2,735,198.81	141.14	.043	546.93	6.06
PRINCIPAL SURGEON	3,732	5,422	2,310,355.54	426.11	.012	619.07	5.12
ASSISTANT SURGEON	558	577	108,919.22	188.77	.001	195.20	.24
ANESTHESIOLOGIST	1,488	13,381	315,924.05	23.61	.030	212.31	.70
OUTPATIENT SURGERY	3,738	8,436	747,317.98	88.59	.019	199.92	1.66
PRINCIPAL SURGEON	3,192	4,209	643,440.96	152.87	.009	201.58	1.43
ASSISTANT SURGEON	39	42	6,446.69	153.49	.000	165.30	.01
ANESTHESIOLOGIST	956	4,185	97,430.33	23.28	.009	101.91	.22
DIALYSIS	413	1,422	145,948.71	102.64	.003	353.39	.32
PATHOLOGY	7,956	18,546	380,972.93	20.54	.041	47.88	.84
RADIOLOGY	12,933	23,161	853,153.46	36.84	.051	65.97	1.89
PSYCHIATRY	5	6	176.26	29.38	.000	35.25	.00
IMMUNIZATION AND INJECTION	1,218	11,165	326,913.80	29.28	.025	268.40	.72
OTHER SERVICES/ALL X-OVERS	14,298	52,672	899,871.45	17.08	.117	62.94	1.99

@PHARMACY	95,760	1,074,490	\$	20,921,076.03	\$	19.47	2.380	\$	218.47	\$	46.35
PRESCRIPTION DRUGS	93,491	339,811		19,575,581.42		57.61	.753		209.38		43.37
SNF/ICF	19,014	108,354		6,306,727.71		58.20	.240		331.69		13.97
OUTPATIENTS	75,310	231,457		13,268,853.71		57.33	.513		176.19		29.39
MEDICAL SUPPLIES	9,411	734,679		1,345,494.61		1.83	1.628		142.97		2.98
@DENTIST	70,988	431,371	\$	13,030,964.95	\$	30.21	.956	\$	183.57	\$	28.87
VISITS - DIAGNOSTIC	51,331	286,687		3,430,191.81		11.96	.635		66.82		7.60
ORAL SURGERY	10,695	21,909		1,337,709.64		61.06	.049		125.08		2.96
DRUGS	2,461	3,570		74,075.97		20.75	.008		30.10		.16
ANESTHESIA	695	711		68,600.00		96.48	.002		98.71		.15
PERIODONTICS	5,046	5,320		644,917.10		121.23	.012		127.81		1.43
ENDODONTICS	5,168	8,376		1,203,826.39		143.72	.019		232.94		2.67
RESTORATIVE DENTISTRY	26,763	91,214		5,235,559.30		57.40	.202		195.63		11.60
PROSTHETICS	292	313		7,215.00		23.05	.001		24.71		.02
DENTURES, STAYPLATES	1,742	6,122		557,093.80		91.00	.014		319.80		1.23
SPACE MAINTAINERS	450	573		58,237.20		101.64	.001		129.42		.13

MAXILLOFACIAL SERVICES	423	436	44,049.65	101.03	.001	104.14	.10
FRACTURES, DISLOCATIONS	9	12	7,900.00	658.33	.000	877.78	.02
ORTHODONTIC SERVICES	3,514	4,323	355,689.09	82.28	.010	101.22	.79
ALL OTHER SERVICES	1,200	1,805	5,900.00	3.27	.004	4.92	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,050
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDED - TOTAL

451,406 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,741	7,677	\$ 172,782.54	\$ 22.51	.017	\$ 63.04	\$.38
DIAGNOSTIC AND ANC. PROCED	1,678	1,690	77,157.74	45.66	.004	45.98	.17
EYE APPLIANCES	1,941	5,551	88,391.30	15.92	.012	45.54	.20
OTHER OPTOMETRIC SERVICES	284	436	7,233.50	16.59	.001	25.47	.02
@CHIROPRACTOR	1,276	2,154	\$ 35,651.33	\$ 16.55	.005	\$ 27.94	\$.08
VISITS	1,267	2,134	35,446.12	16.61	.005	27.98	.08
OTHER SERVICES	11	20	205.21	10.26	.000	18.66	.00
@PODIATRIST	2,658	3,718	\$ 33,843.66	\$ 9.10	.008	\$ 12.73	\$.07
MEDICINE/INJECTIONS	238	262	8,115.24	30.97	.001	34.10	.02
SURGERY/ANES.	14	16	761.52	47.60	.000	54.39	.00
RADIO./PATHOLOGY	24	27	467.10	17.30	.000	19.46	.00
OTHER	2,441	3,413	24,499.80	7.18	.008	10.04	.05
@HOME HEALTH AGENCY	414	16,465	\$ 559,533.58	\$ 33.98	.036	\$ 1351.53	\$ 1.24
NURSE ANESTHESIST	265	1,269	\$ 29,613.62	\$ 23.34	.003	\$ 111.75	\$.07
NURSE MIDWIFE	13	33	\$ 3,383.74	\$ 102.54	.000	\$ 260.29	\$.01
PEDIATRIC NURSE PRACTITIONER	2	8	\$ 163.37	\$ 20.42	.000	\$ 81.69	\$.00
FAMILY NURSE PRACTITIONER	252	502	\$ 13,339.81	\$ 26.57	.001	\$ 52.94	\$.03
@TOTAL HOSPITAL	47,939	239,007	\$ 44,454,747.16	\$ 186.00	.529	\$ 927.32	\$ 98.48
HOSP INPATIENT TOTAL	6,665	34,566	38,921,386.47	1126.00	.077	5839.67	86.22
HSC HOSPITALS	5,288	27,606	34,488,630.19	1249.32	.061	6522.06	76.40
NON-HSC HOSPITAL TOTAL	917	3,672	4,019,991.56	1094.77	.008	4383.85	8.91
ACCOMMODATIONS	898	3,672	1,385,338.75	377.27	.008	1542.69	3.07
ADMINISTRATIVE DAYS	75	752	171,601.89	228.19	.002	2288.03	.38
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	824	2,920	1,213,736.86	415.66	.006	1472.98	2.69
ANCILLARIES	915	0	2,634,652.81	.00	.000	2879.40	5.84
INPATIENT CROSSOVERS	506	3,288	412,764.72	125.54	.007	815.74	.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	44,234	204,441	5,533,360.69	27.07	.453	125.09	12.26
MEDICAL	6,649	10,659	472,990.72	44.37	.024	71.14	1.05
SURGERY	2,659	3,702	169,262.19	45.72	.008	63.66	.37
PATHOLOGY	16,167	57,785	762,909.27	13.20	.128	47.19	1.69
RADIOLOGY	8,138	12,405	927,635.99	74.78	.027	113.99	2.05
ROOM USE	27,750	41,955	1,646,813.71	39.25	.093	59.34	3.65
CROSSOVERS/ALL OTH OUTPTNT	23,151	77,935	1,553,748.81	19.94	.173	67.11	3.44
@COUNTY HOSPITAL TOTAL	144	566	\$ 141,591.99	\$ 250.16	.001	\$ 983.28	\$.31
CO HOSPITAL INPATIENT TOTAL	24	101	127,160.15	1259.01	.000	5298.34	.28
HSC HOSPITALS	24	101	127,160.15	1259.01	.000	5298.34	.28
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	127	465	14,431.84	31.04	.001	113.64	.03
MEDICAL	23	35	1,351.67	38.62	.000	58.77	.00
SURGERY	8	9	434.50	48.28	.000	54.31	.00
PATHOLOGY	37	160	1,890.94	11.82	.000	51.11	.00

RADIOLOGY	20	32	1,980.96	61.91	.000	99.05	.00
ROOM USE	68	89	3,598.85	40.44	.000	52.92	.01
CROSSOVERS/ALL OTH OUTPTNT	68	140	5,174.92	36.96	.000	76.10	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,051
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
451,406 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	47,818	238,441	\$ 44,313,155.17	\$ 185.85	.528	\$ 926.70	\$ 98.17
COMM HOSP INPATIENT TOTAL	6,643	34,465	38,794,226.32	1125.61	.076	5839.87	85.94
HSC HOSPITALS	5,266	27,505	34,361,470.04	1249.28	.061	6525.16	76.12
NON-HSC HOSPITALS TOTAL	917	3,672	4,019,991.56	1094.77	.008	4383.85	8.91
ACCOMMODATIONS	898	3,672	1,385,338.75	377.27	.008	1542.69	3.07
ADMINISTRATIVE DAYS	75	752	171,601.89	228.19	.002	2288.03	.38
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	824	2,920	1,213,736.86	415.66	.006	1472.98	2.69
ANCILLARIES	915	0	2,634,652.81	.00	.000	2879.40	5.84
INPATIENT CROSSOVERS	506	3,288	412,764.72	125.54	.007	815.74	.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	44,125	203,976	5,518,928.85	27.06	.452	125.07	12.23
MEDICAL	6,626	10,624	471,639.05	44.39	.024	71.18	1.04
SURGERY	2,651	3,693	168,827.69	45.72	.008	63.68	.37
PATHOLOGY	16,131	57,625	761,018.33	13.21	.128	47.18	1.69
RADIOLOGY	8,121	12,373	925,655.03	74.81	.027	113.98	2.05
ROOM USE	27,687	41,866	1,643,214.86	39.25	.093	59.35	3.64
CROSSOVERS/ALL OTH OUTPTNT	23,089	77,795	1,548,573.89	19.91	.172	67.07	3.43
@STATE HOSPITAL	13	517	\$ 266,831.85	\$ 516.12	.001	\$ 20525.53	\$.59
MENTALLY ILL	9	248	113,878.89	459.19	.001	12653.21	.25
DEVELOP. DISABLED	4	269	152,952.96	568.60	.001	38238.24	.34
@NURSING FACILITY	19,708	605,976	\$ 64,652,426.64	\$ 106.69	1.342	\$ 3280.52	\$ 143.22
LEV A-INTERMEDIATE	4	91	7,969.86	87.58	.000	1992.47	.02
LEV B-REHAB MD	18	518	57,050.78	110.14	.001	3169.49	.13
LEV B-SUBACUTE FREESTANDING	164	5,274	1,812,105.46	343.59	.012	11049.42	4.01
LEV B-SUBACUTE HSPTL BASED	242	8,169	3,738,967.92	457.70	.018	15450.28	8.28
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	19,292	591,924	59,036,332.62	99.74	1.311	3060.15	130.78
@INTERMEDIATE CARE FACIL.-DD	1,781	54,544	\$ 7,705,359.07	\$ 141.27	.121	\$ 4326.42	\$ 17.07
ICF DDH	1,296	40,219	5,230,839.29	130.06	.089	4036.14	11.59
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	485	14,325	2,474,519.78	172.74	.032	5102.10	5.48
@HEMODIALYSIS TOTAL	896	17,471	\$ 1,380,056.00	\$ 78.99	.039	\$ 1540.24	\$ 3.06
HOSPITAL BASED	144	364	504,106.35	1384.91	.001	3500.74	1.12
HEMODIALYSIS CENTER	761	17,107	875,949.65	51.20	.038	1151.05	1.94
@REHABILITATION FACILITY	606	3,330	\$ 78,497.93	\$ 23.57	.007	\$ 129.53	\$.17
HOSPITAL BASED	431	2,106	58,729.35	27.89	.005	136.26	.13
INDEPENDENT FACILITY	175	1,224	19,768.58	16.15	.003	112.96	.04
@LABORATORY FACILITY	9,203	34,848	\$ 466,646.28	\$ 13.39	.077	\$ 50.71	\$ 1.03
PATHOLOGY	9,148	34,765	463,828.44	13.34	.077	50.70	1.03
XO AND OTHERS	65	83	2,817.84	33.95	.000	43.35	.01
@ORGANIZED OUTPATIENT CLINIC	92,069	144,517	\$ 12,264,382.80	\$ 84.86	.320	\$ 133.21	\$ 27.17
CLINIC	1,184	4,597	109,553.94	23.83	.010	92.53	.24
SURGICENTER	201	807	55,686.02	69.00	.002	277.04	.12
HEROIN DETOX CLINIC	56	745	8,241.97	11.06	.002	147.18	.02
RURAL HEALTH CLINIC	90,754	138,368	12,090,900.87	87.38	.307	133.23	26.78

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,052
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
451,406 ELIGIBLES							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	59,390	942,906	\$	5,034,471.97	\$ 5.34	2.089	\$ 84.77	\$ 11.15
DURABLE MED. EQUIP.	1,174	5,566		746,556.01	134.13	.012	635.91	1.65
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	146	175		87,649.82	500.86	.000	600.34	.19
MEDICAL TRANSPORTATION	6,483	166,114		1,080,088.91	6.50	.368	166.60	2.39
AMBULANCES/AIR TRANS	4,096	48,158		592,772.83	12.31	.107	144.72	1.31
OTHER TRANS	2,063	111,321		370,137.37	3.32	.247	179.42	.82
OTHER SERVICES	731	6,635		117,178.71	17.66	.015	160.30	.26
ACUPUNCTURE	89	164		3,114.10	18.99	.000	34.99	.01
ADULT DAY HEALTH CARE CTR	489	7,396		512,989.66	69.36	.016	1049.06	1.14
GENETIC DISEASE TESTING	2,754	2,760		284,518.50	103.09	.006	103.31	.63
IHMC,MODEL-NF,NF,AIDS,MSSP	143	347		40,903.61	117.88	.001	286.04	.09
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	13,055	28,379		293,877.74	10.36	.063	22.51	.65
PHYSICAL THERAPIST	88	276		15,143.82	54.87	.001	172.09	.03
PORTABLE X-RAY	300	976		7,642.55	7.83	.002	25.48	.02
PROSTHETIST/ORTHOTISTS	1,287	2,898		192,220.13	66.33	.006	149.36	.43
PROSTHETICS	608	2,032		113,730.97	55.97	.005	187.06	.25
ORTHOTICS	855	866		78,489.16	90.63	.002	91.80	.17
PSYCHOLOGIST	18	38		1,063.00	27.97	.000	59.06	.00
SPEECH AND AUDIOLOGY	986	3,351		160,629.39	47.93	.007	162.91	.36
HOSPICE SERVICES	133	2,259		243,843.62	107.94	.005	1833.41	.54
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	31,647	115,029		1,122,483.61	9.76	.255	35.47	2.49
EPSDT SUPPLEMENTAL SERVICE	8	983		23,922.92	24.34	.002	2990.37	.05
RESPIRATORY CARE PRACT.	2	2		58.96	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,095	606,195		217,824.58	.36	1.343	103.97	.48
@CALIF. CHILDREN SERVICES*	7,358	147,301	\$	17,381,498.24	\$ 118.00	.326	\$ 2362.26	\$ 38.51
@XOVER EXCLUDING STATE HOSP**	16,455	481,064	\$	3,298,752.81	\$ 6.86	1.066	\$ 200.47	\$ 7.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,053
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

	27,939 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20,912	171,142	\$	4,999,765.19	\$ 29.21	6.126	\$ 239.09	\$ 178.95
@PHYSICIANS SERVICES	5,878	14,688	\$	526,096.91	\$ 35.82	.526	\$ 89.50	\$ 18.83
OUTPATIENT VISITS	4,626	7,117		235,123.01	33.04	.255	50.83	8.42
OFFICE VISITS	2,797	3,419		107,998.88	31.59	.122	38.61	3.87
HOME VISITS	1	1		68.62	68.62	.000	68.62	.00
EMERGENCY ROOM	1,095	1,235		64,525.51	52.25	.044	58.93	2.31
PREVENTIVE CARE	10	10		380.55	38.06	.000	38.06	.01
OB VISITS/COMPRE PERI	335	1,676		41,553.42	24.79	.060	124.04	1.49
OTHER OUTPATIENT	647	776		20,596.03	26.54	.028	31.83	.74
INPATIENT VISITS	236	939		73,685.83	78.47	.034	312.23	2.64
HOSPITAL VISITS	224	746		38,513.98	51.63	.027	171.94	1.38
CRITICAL CARE	19	189		35,042.45	185.41	.007	1844.34	1.25
SNF/ICF/TRANS IP CARE	1	4		129.40	32.35	.000	129.40	.00
OPHTHALMOLOGICAL SERVICES	138	154		6,862.29	44.56	.006	49.73	.25
EXAMINATIONS	138	154		6,862.29	44.56	.006	49.73	.25
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	117	415		49,665.64	119.68	.015	424.49	1.78
PRINCIPAL SURGEON	79	110		38,322.54	348.39	.004	485.10	1.37
ASSISTANT SURGEON	8	8		1,566.04	195.76	.000	195.76	.06
ANESTHESIOLOGIST	43	297		9,777.06	32.92	.011	227.37	.35

OUTPATIENT SURGERY	346	658		49,069.90		74.57	.024	141.82	1.76
PRINCIPAL SURGEON	302	376		41,087.11		109.27	.013	136.05	1.47
ASSISTANT SURGEON	1	1		157.11		157.11	.000	157.11	.01
ANESTHESIOLOGIST	94	281		7,825.68		27.85	.010	83.25	.28
DIALYSIS	1	3		216.48		72.16	.000	216.48	.01
PATHOLOGY	586	1,257		19,454.47		15.48	.045	33.20	.70
RADIOLOGY	977	1,449		38,708.93		26.71	.052	39.62	1.39
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	105	893		12,300.89		13.77	.032	117.15	.44
OTHER SERVICES/ALL X-OVERS	744	1,803		41,009.47		22.75	.065	55.12	1.47
@PHARMACY	8,729	33,514	\$	982,731.01	\$	29.32	1.200	\$ 112.58	\$ 35.17
PRESCRIPTION DRUGS	8,620	20,163		850,636.87		42.19	.722	98.68	30.45
SNF/ICF	11	89		9,653.20		108.46	.003	877.56	.35
OUTPATIENTS	8,611	20,074		840,983.67		41.89	.718	97.66	30.10
MEDICAL SUPPLIES	437	13,351		132,094.14		9.89	.478	302.27	4.73
@DENTIST	2,341	15,204	\$	436,777.13	\$	28.73	.544	\$ 186.58	\$ 15.63
VISITS - DIAGNOSTIC	1,794	10,381		134,853.70		12.99	.372	75.17	4.83
ORAL SURGERY	295	672		53,843.25		80.12	.024	182.52	1.93
DRUGS	92	153		2,853.75		18.65	.005	31.02	.10
ANESTHESIA	43	47		4,200.00		89.36	.002	97.67	.15
PERIODONTICS	58	59		6,629.00		112.36	.002	114.29	.24
ENDODONTICS	176	313		44,663.50		142.69	.011	253.77	1.60
RESTORATIVE DENTISTRY	893	3,304		176,522.55		53.43	.118	197.67	6.32
PROSTHETICS	3	3		60.00		20.00	.000	20.00	.00
DENTURES, STAYPLATES	1	7		288.00		41.14	.000	288.00	.01
SPACE MAINTAINERS	9	12		1,213.37		101.11	.000	134.82	.04
MAXILLOFACIAL SERVICES	16	16		1,515.01		94.69	.001	94.69	.05
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	132	159		9,910.00		62.33	.006	75.08	.35
ALL OTHER SERVICES	51	78		225.00		2.88	.003	4.41	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 3,054
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W								

		----- MONTHLY AVERAGE -----						
27,939 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	407	1,111	\$ 28,200.15	\$ 25.38	.040	\$ 69.29	\$ 1.01	
DIAGNOSTIC AND ANC. PROCED	347	347	16,370.50	47.18	.012	47.18	.59	
EYE APPLIANCES	274	760	11,666.96	15.35	.027	42.58	.42	
OTHER OPTOMETRIC SERVICES	3	4	162.69	40.67	.000	54.23	.01	
@CHIROPRACTOR	13	19	\$ 317.68	\$ 16.72	.001	\$ 24.44	\$.01	
VISITS	13	19	317.68	16.72	.001	24.44	.01	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	22	30	\$ 1,138.78	\$ 37.96	.001	\$ 51.76	\$.04	
MEDICINE/INJECTIONS	21	24	851.28	35.47	.001	40.54	.03	
SURGERY/ANES.	2	2	108.14	54.07	.000	54.07	.00	
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00	
OTHER	1	2	144.76	72.38	.000	144.76	.01	
@HOME HEALTH AGENCY	32	1,213	\$ 36,784.41	\$ 30.33	.043	\$ 1149.51	\$ 1.32	
NURSE ANESTHESIST	1	11	158.91	14.45	.000	158.91	.01	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	298	539	\$ 11,008.77	\$ 20.42	.019	\$ 36.94	\$.39	
@TOTAL HOSPITAL	3,294	12,307	\$ 2,079,035.76	\$ 168.93	.440	\$ 631.16	\$ 74.41	
HOSP INPATIENT TOTAL	236	1,193	1,787,305.03	1498.16	.043	7573.33	63.97	
HSC HOSPITALS	223	1,150	1,733,237.25	1507.16	.041	7772.36	62.04	
NON-HSC HOSPITAL TOTAL	13	43	54,067.78	1257.39	.002	4159.06	1.94	
ACCOMMODATIONS	13	43	21,306.50	495.50	.002	1638.96	.76	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

ALL OTHER ACCOM	13	43	21,306.50	495.50	.002	1638.96	.76
ANCILLARIES	13	0	32,761.28	.00	.000	2520.10	1.17
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,119	11,114	291,730.73	26.25	.398	93.53	10.44
MEDICAL	613	911	34,576.84	37.95	.033	56.41	1.24
SURGERY	262	351	11,375.06	32.41	.013	43.42	.41
PATHOLOGY	912	3,403	41,296.98	12.14	.122	45.28	1.48
RADIOLOGY	650	868	47,365.71	54.57	.031	72.87	1.70
ROOM USE	2,323	3,047	119,454.18	39.20	.109	51.42	4.28
CROSSOVERS/ALL OTH OUTPTNT	1,117	2,534	37,661.96	14.86	.091	33.72	1.35
@COUNTY HOSPITAL TOTAL	16	66	10,275.06	155.68	.002	642.19	.37
CO HOSPITAL INPATIENT TOTAL	3	7	8,625.02	1232.15	.000	2875.01	.31
HSC HOSPITALS	3	7	8,625.02	1232.15	.000	2875.01	.31
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	59	1,650.04	27.97	.002	117.86	.06
MEDICAL	5	8	241.13	30.14	.000	48.23	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	16	230.79	14.42	.001	57.70	.01
RADIOLOGY	3	5	106.87	21.37	.000	35.62	.00
ROOM USE	13	21	817.62	38.93	.001	62.89	.03
CROSSOVERS/ALL OTH OUTPTNT	5	9	253.63	28.18	.000	50.73	.01
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,055 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 FRESNO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W							
----- MONTHLY AVERAGE -----							
27,939 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,279	12,241	\$ 2,068,760.70	\$ 169.00	.438	\$ 630.91	\$ 74.05
COMM HOSP INPATIENT TOTAL	233	1,186	1,778,680.01	1499.73	.042	7633.82	63.66
HSC HOSPITALS	220	1,143	1,724,612.23	1508.85	.041	7839.15	61.73
NON-HSC HOSPITALS TOTAL	13	43	54,067.78	1257.39	.002	4159.06	1.94
ACCOMMODATIONS	13	43	21,306.50	495.50	.002	1638.96	.76
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	43	21,306.50	495.50	.002	1638.96	.76
ANCILLARIES	13	0	32,761.28	.00	.000	2520.10	1.17
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,106	11,055	290,080.69	26.24	.396	93.39	10.38
MEDICAL	608	903	34,335.71	38.02	.032	56.47	1.23
SURGERY	262	351	11,375.06	32.41	.013	43.42	.41
PATHOLOGY	908	3,387	41,066.19	12.12	.121	45.23	1.47
RADIOLOGY	647	863	47,258.84	54.76	.031	73.04	1.69
ROOM USE	2,311	3,026	118,636.56	39.21	.108	51.34	4.25
CROSSOVERS/ALL OTH OUTPTNT	1,112	2,525	37,408.33	14.82	.090	33.64	1.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	3	57	\$ 10,419.03	\$ 182.79	.002	\$ 3473.01	\$.37
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	3	57	10,419.03	182.79	.002	3473.01	.37
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	84	333	\$ 8,969.61	\$ 26.94	.012	\$ 106.78	\$.32
HOSPITAL BASED	68	193	6,634.03	34.37	.007	97.56	.24
INDEPENDENT FACILITY	16	140	2,335.58	16.68	.005	145.97	.08
@LABORATORY FACILITY	667	1,981	\$ 28,897.94	\$ 14.59	.071	\$ 43.33	\$ 1.03
PATHOLOGY	667	1,980	28,838.44	14.56	.071	43.24	1.03
XO AND OTHERS	1	1	59.50	59.50	.000	59.50	.00

@ORGANIZED OUTPATIENT CLINIC	5,050	7,362	\$	707,003.24	\$	96.03	.264	\$	140.00	\$	25.31
CLINIC	245	903		18,126.99		20.07	.032		73.99		.65
SURGICENTER	21	121		4,578.95		37.84	.004		218.05		.16
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4,789	6,338		684,297.30		107.97	.227		142.89		24.49

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,056
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
27,939 ELIGIBLES							
@ALL OTHER PROVIDERS	1,534	82,773	\$ 142,225.86	\$ 1.72	2.963	\$ 92.72	\$ 5.09
DURABLE MED. EQUIP.	25	45	19,928.71	442.86	.002	797.15	.71
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	314	3,659	46,026.64	12.58	.131	146.58	1.65
AMBULANCES/AIR TRANS	314	3,657	42,426.64	11.60	.131	135.12	1.52
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	2	4	291.18	72.80	.000	145.59	.01
GENETIC DISEASE TESTING	156	157	16,332.50	104.03	.006	104.70	.58
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	557	1,226	10,863.89	8.86	.044	19.50	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	28	63	5,309.95	84.28	.002	189.64	.19
PROSTHETICS	14	48	3,982.89	82.98	.002	284.49	.14
ORTHOTICS	15	15	1,327.06	88.47	.001	88.47	.05
PSYCHOLOGIST	15	54	3,314.45	61.38	.002	220.96	.12
SPEECH AND AUDIOLOGY	5	8	1,072.90	134.11	.000	214.58	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	386	2,472	16,070.60	6.50	.088	41.63	.58
EPSDT SUPPLEMENTAL SERVICE	2	521	13,183.01	25.30	.019	6591.51	.47
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	76	74,564	9,832.03	.13	2.669	129.37	.35
@CALIF. CHILDREN SERVICES*	493	13,253	\$ 1,461,882.90	\$ 110.31	.474	\$ 2965.28	\$ 52.32
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,057
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
390 ELIGIBLES							
@TOTAL, ALL PROVIDERS	616	3,957	\$ 302,764.58	\$ 76.51	10.146	\$ 491.50	\$ 776.32
@PHYSICIANS SERVICES	285	845	\$ 46,391.79	\$ 54.90	2.167	\$ 162.78	\$ 118.95
OUTPATIENT VISITS	148	219	10,546.91	48.16	.562	71.26	27.04
OFFICE VISITS	15	20	596.96	29.85	.051	39.80	1.53
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	114	141	8,012.60	56.83	.362	70.29	20.55
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	22	964.93	43.86	.056	160.82	2.47
OTHER OUTPATIENT	20	36	972.42	27.01	.092	48.62	2.49
INPATIENT VISITS	40	83	4,874.96	58.73	.213	121.87	12.50

HOSPITAL VISITS	38	78		4,069.66		52.18	.200	107.10	10.44
CRITICAL CARE	3	5		805.30		161.06	.013	268.43	2.06
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		67.72		33.86	.005	33.86	.17
EXAMINATIONS	2	2		67.72		33.86	.005	33.86	.17
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	35	128		12,708.27		99.28	.328	363.09	32.59
PRINCIPAL SURGEON	20	25		9,510.19		380.41	.064	475.51	24.39
ASSISTANT SURGEON	3	3		506.68		168.89	.008	168.89	1.30
ANESTHESIOLOGIST	16	100		2,691.40		26.91	.256	168.21	6.90
OUTPATIENT SURGERY	47	104		8,784.27		84.46	.267	186.90	22.52
PRINCIPAL SURGEON	41	48		7,521.70		156.70	.123	183.46	19.29
ASSISTANT SURGEON	1	1		101.27		101.27	.003	101.27	.26
ANESTHESIOLOGIST	9	55		1,161.30		21.11	.141	129.03	2.98
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	25	67		1,670.90		24.94	.172	66.84	4.28
RADIOLOGY	85	169		4,967.40		29.39	.433	58.44	12.74
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	8		140.38		17.55	.021	35.10	.36
OTHER SERVICES/ALL X-OVERS	40	65		2,630.98		40.48	.167	65.77	6.75
@PHARMACY	69	192	\$	15,153.85	\$	78.93	.492	219.62	38.86
PRESCRIPTION DRUGS	66	162		14,940.80		92.23	.415	226.38	38.31
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	66	162		14,940.80		92.23	.415	226.38	38.31
MEDICAL SUPPLIES	7	30		213.05		7.10	.077	30.44	.55
@DENTIST	109	723	\$	14,522.12	\$	20.09	1.854	133.23	37.24
VISITS - DIAGNOSTIC	76	425		1,959.00		4.61	1.090	25.78	5.02
ORAL SURGERY	26	53		2,208.00		41.66	.136	84.92	5.66
DRUGS	11	13		115.00		8.85	.033	10.45	.29
ANESTHESIA	6	10		400.00		40.00	.026	66.67	1.03
PERIODONTICS	2	4		255.00		63.75	.010	127.50	.65
ENDODONTICS	7	16		1,144.00		71.50	.041	163.43	2.93
RESTORATIVE DENTISTRY	42	166		5,950.00		35.84	.426	141.67	15.26
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	2	2		111.00		55.50	.005	55.50	.28
MAXILLOFACIAL SERVICES	1	1		168.12		168.12	.003	168.12	.43
FRACTURES, DISLOCATIONS	3	6		1,800.00		300.00	.015	600.00	4.62
ORTHODONTIC SERVICES	4	6		412.00		68.67	.015	103.00	1.06
ALL OTHER SERVICES	4	21		.00		.00	.054	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,058
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

390 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	9	\$ 228.05	\$ 25.34	.023	\$ 76.02	\$.58
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.008	47.45	.37
EYE APPLIANCES	2	6	85.70	14.28	.015	42.85	.22
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	5	\$ 284.84	\$ 56.97	.013	\$ 142.42	\$.73
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	2	\$	51.31	\$	25.66	.005	\$	51.31	\$	.13
@TOTAL HOSPITAL	238	1,456	\$	210,113.74	\$	144.31	3.733	\$	882.83	\$	538.75
HOSP INPATIENT TOTAL	55	145		179,203.01		1235.88	.372		3258.24		459.49
HSC HOSPITALS	52	137		174,886.04		1276.54	.351		3363.19		448.43
NON-HSC HOSPITAL TOTAL	3	8		4,316.97		539.62	.021		1438.99		11.07
ACCOMMODATIONS	3	8		1,776.90		222.11	.021		592.30		4.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	8		1,776.90		222.11	.021		592.30		4.56
ANCILLARIES	3	0		2,540.07		.00	.000		846.69		6.51
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	193	1,311		30,910.73		23.58	3.362		160.16		79.26
MEDICAL	61	103		3,073.50		29.84	.264		50.39		7.88
SURGERY	25	41		1,235.06		30.12	.105		49.40		3.17
PATHOLOGY	75	301		2,604.81		8.65	.772		34.73		6.68
RADIOLOGY	68	114		8,573.50		75.21	.292		126.08		21.98
ROOM USE	149	242		8,229.86		34.01	.621		55.23		21.10
CROSSOVERS/ALL OTH OUTPTNT	108	510		7,194.00		14.11	1.308		66.61		18.45
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,059
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

	390 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	238	1,456	\$	210,113.74	\$ 144.31	3.733	\$ 882.83	\$ 538.75
COMM HOSP INPATIENT TOTAL	55	145		179,203.01	1235.88	.372	3258.24	459.49
HSC HOSPITALS	52	137		174,886.04	1276.54	.351	3363.19	448.43
NON-HSC HOSPITALS TOTAL	3	8		4,316.97	539.62	.021	1438.99	11.07
ACCOMMODATIONS	3	8		1,776.90	222.11	.021	592.30	4.56
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	8		1,776.90	222.11	.021	592.30	4.56
ANCILLARIES	3	0		2,540.07	.00	.000	846.69	6.51
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	193	1,311		30,910.73	23.58	3.362	160.16	79.26
MEDICAL	61	103		3,073.50	29.84	.264	50.39	7.88
SURGERY	25	41		1,235.06	30.12	.105	49.40	3.17
PATHOLOGY	75	301		2,604.81	8.65	.772	34.73	6.68

RADIOLOGY	68	114		8,573.50		75.21	.292	126.08	21.98
ROOM USE	149	242		8,229.86		34.01	.621	55.23	21.10
CROSSOVERS/ALL OTH OUTPTNT	108	510		7,194.00		14.11	1.308	66.61	18.45
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	7	38	\$	461.23	\$	12.14	.097	\$ 65.89	\$ 1.18
HOSPITAL BASED	7	38		461.23		12.14	.097	65.89	1.18
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	7	36	\$	763.39	\$	21.21	.092	\$ 109.06	\$ 1.96
PATHOLOGY	7	36		763.39		21.21	.092	109.06	1.96
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	26	50	\$	4,098.18	\$	81.96	.128	\$ 157.62	\$ 10.51
CLINIC	6	14		390.56		27.90	.036	65.09	1.00
SURGICENTER	1	7		242.21		34.60	.018	242.21	.62
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	20	29		3,465.41		119.50	.074	173.27	8.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 3,060
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MIC - SOC								AID CODE 83

390 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	67	601	\$ 10,696.08	\$ 17.80	1.541	\$ 159.64	\$ 27.43
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	54	565	10,238.26	18.12	1.449	189.60	26.25
AMBULANCES/AIR TRANS	53	563	6,826.72	12.13	1.444	128.81	17.50
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,411.54	1705.77	.005	1705.77	8.75
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.003	105.00	.27
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	49.92	8.32	.015	16.64	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	29	302.90	10.44	.074	33.66	.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	57	574	\$ 121,617.29	\$ 211.88	1.472	\$ 2133.64	\$ 311.84
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 3,061
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL								

28,329 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	21,528	175,099	\$	5,302,529.77	\$	30.28	6.181	\$	246.31	\$	187.18
@PHYSICIANS SERVICES	6,163	15,533	\$	572,488.70	\$	36.86	.548	\$	92.89	\$	20.21
OUTPATIENT VISITS	4,774	7,336		245,669.92		33.49	.259		51.46		8.67
OFFICE VISITS	2,812	3,439		108,595.84		31.58	.121		38.62		3.83
HOME VISITS	1	1		68.62		68.62	.000		68.62		.00
EMERGENCY ROOM	1,209	1,376		72,538.11		52.72	.049		60.00		2.56
PREVENTIVE CARE	10	10		380.55		38.06	.000		38.06		.01
OB VISITS/COMPRE PERI	341	1,698		42,518.35		25.04	.060		124.69		1.50
OTHER OUTPATIENT	667	812		21,568.45		26.56	.029		32.34		.76
INPATIENT VISITS	276	1,022		78,560.79		76.87	.036		284.64		2.77
HOSPITAL VISITS	262	824		42,583.64		51.68	.029		162.53		1.50
CRITICAL CARE	22	194		35,847.75		184.78	.007		1629.44		1.27
SNF/ICF/TRANS IP CARE	1	4		129.40		32.35	.000		129.40		.00
OPHTHALMOLOGICAL SERVICES	140	156		6,930.01		44.42	.006		49.50		.24
EXAMINATIONS	140	156		6,930.01		44.42	.006		49.50		.24
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	152	543		62,373.91		114.87	.019		410.35		2.20
PRINCIPAL SURGEON	99	135		47,832.73		354.32	.005		483.16		1.69
ASSISTANT SURGEON	11	11		2,072.72		188.43	.000		188.43		.07
ANESTHESIOLOGIST	59	397		12,468.46		31.41	.014		211.33		.44
OUTPATIENT SURGERY	393	762		57,854.17		75.92	.027		147.21		2.04
PRINCIPAL SURGEON	343	424		48,608.81		114.64	.015		141.72		1.72
ASSISTANT SURGEON	2	2		258.38		129.19	.000		129.19		.01
ANESTHESIOLOGIST	103	336		8,986.98		26.75	.012		87.25		.32
DIALYSIS	1	3		216.48		72.16	.000		216.48		.01
PATHOLOGY	611	1,324		21,125.37		15.96	.047		34.58		.75
RADIOLOGY	1,062	1,618		43,676.33		26.99	.057		41.13		1.54
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	109	901		12,441.27		13.81	.032		114.14		.44
OTHER SERVICES/ALL X-OVERS	784	1,868		43,640.45		23.36	.066		55.66		1.54
@PHARMACY	8,798	33,706	\$	997,884.86	\$	29.61	1.190	\$	113.42	\$	35.22
PRESCRIPTION DRUGS	8,686	20,325		865,577.67		42.59	.717		99.65		30.55
SNF/ICF	11	89		9,653.20		108.46	.003		877.56		.34
OUTPATIENTS	8,677	20,236		855,924.47		42.30	.714		98.64		30.21
MEDICAL SUPPLIES	444	13,381		132,307.19		9.89	.472		297.99		4.67
@DENTIST	2,450	15,927	\$	451,299.25	\$	28.34	.562	\$	184.20	\$	15.93
VISITS - DIAGNOSTIC	1,870	10,806		136,812.70		12.66	.381		73.16		4.83
ORAL SURGERY	321	725		56,051.25		77.31	.026		174.61		1.98
DRUGS	103	166		2,968.75		17.88	.006		28.82		.10
ANESTHESIA	49	57		4,600.00		80.70	.002		93.88		.16
PERIODONTICS	60	63		6,884.00		109.27	.002		114.73		.24
ENDODONTICS	183	329		45,807.50		139.23	.012		250.31		1.62
RESTORATIVE DENTISTRY	935	3,470		182,472.55		52.59	.122		195.16		6.44
PROSTHETICS	3	3		60.00		20.00	.000		20.00		.00
DENTURES, STAYPLATES	1	7		288.00		41.14	.000		288.00		.01
SPACE MAINTAINERS	11	14		1,324.37		94.60	.000		120.40		.05
MAXILLOFACIAL SERVICES	17	17		1,683.13		99.01	.001		99.01		.06
FRACTURES, DISLOCATIONS	3	6		1,800.00		300.00	.000		600.00		.06
ORTHODONTIC SERVICES	136	165		10,322.00		62.56	.006		75.90		.36
ALL OTHER SERVICES	55	99		225.00		2.27	.003		4.09		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 3,062
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL										

	28,329 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	410	1,120	\$	28,428.20	\$ 25.38	.040	\$ 69.34	\$ 1.00
DIAGNOSTIC AND ANC. PROCED	350	350		16,512.85	47.18	.012	47.18	.58
EYE APPLIANCES	276	766		11,752.66	15.34	.027	42.58	.41
OTHER OPTOMETRIC SERVICES	3	4		162.69	40.67	.000	54.23	.01

@CHIROPRACTOR	13	19	\$	317.68	\$	16.72	.001	\$	24.44	\$	.01
VISITS	13	19		317.68		16.72	.001		24.44		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	22	30	\$	1,138.78	\$	37.96	.001	\$	51.76	\$	.04
MEDICINE/INJECTIONS	21	24		851.28		35.47	.001		40.54		.03
SURGERY/ANES.	2	2		108.14		54.07	.000		54.07		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	1	2		144.76		72.38	.000		144.76		.01
@HOME HEALTH AGENCY	34	1,218	\$	37,069.25	\$	30.43	.043	\$	1090.27	\$	1.31
NURSE ANESTHESIST	1	11	\$	158.91	\$	14.45	.000	\$	158.91	\$	.01
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	299	541	\$	11,060.08	\$	20.44	.019	\$	36.99	\$	.39
@TOTAL HOSPITAL	3,532	13,763	\$	2,289,149.50	\$	166.33	.486	\$	648.12	\$	80.81
HOSP INPATIENT TOTAL	291	1,338		1,966,508.04		1469.74	.047		6757.76		69.42
HSC HOSPITALS	275	1,287		1,908,123.29		1482.61	.045		6938.63		67.36
NON-HSC HOSPITAL TOTAL	16	51		58,384.75		1144.80	.002		3649.05		2.06
ACCOMMODATIONS	16	51		23,083.40		452.62	.002		1442.71		.81
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	16	51		23,083.40		452.62	.002		1442.71		.81
ANCILLARIES	16	0		35,301.35		.00	.000		2206.33		1.25
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,312	12,425		322,641.46		25.97	.439		97.42		11.39
MEDICAL	674	1,014		37,650.34		37.13	.036		55.86		1.33
SURGERY	287	392		12,610.12		32.17	.014		43.94		.45
PATHOLOGY	987	3,704		43,901.79		11.85	.131		44.48		1.55
RADIOLOGY	718	982		55,939.21		56.96	.035		77.91		1.97
ROOM USE	2,472	3,289		127,684.04		38.82	.116		51.65		4.51
CROSSOVERS/ALL OTH OUTPTNT	1,225	3,044		44,855.96		14.74	.107		36.62		1.58
@COUNTY HOSPITAL TOTAL	16	66	\$	10,275.06	\$	155.68	.002	\$	642.19	\$	.36
CO HOSPITAL INPATIENT TOTAL	3	7		8,625.02		1232.15	.000		2875.01		.30
HSC HOSPITALS	3	7		8,625.02		1232.15	.000		2875.01		.30
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	14	59		1,650.04		27.97	.002		117.86		.06
MEDICAL	5	8		241.13		30.14	.000		48.23		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	16		230.79		14.42	.001		57.70		.01
RADIOLOGY	3	5		106.87		21.37	.000		35.62		.00
ROOM USE	13	21		817.62		38.93	.001		62.89		.03
CROSSOVERS/ALL OTH OUTPTNT	5	9		253.63		28.18	.000		50.73		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 3,063
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL										

----- MONTHLY AVERAGE -----											
28,329 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@COMMUNITY HOSPITAL TOTAL	3,517	13,697	\$ 2,278,874.44	\$ 166.38	.483	\$ 647.96	\$ 80.44				
COMM HOSP INPATIENT TOTAL	288	1,331	1,957,883.02	1470.99	.047	6798.20	69.11				
HSC HOSPITALS	272	1,280	1,899,498.27	1483.98	.045	6983.45	67.05				
NON-HSC HOSPITALS TOTAL	16	51	58,384.75	1144.80	.002	3649.05	2.06				
ACCOMMODATIONS	16	51	23,083.40	452.62	.002	1442.71	.81				

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	51	23,083.40	452.62	.002	1442.71	.81
ANCILLARIES	16	0	35,301.35	.00	.000	2206.33	1.25
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,299	12,366	320,991.42	25.96	.437	97.30	11.33
MEDICAL	669	1,006	37,409.21	37.19	.036	55.92	1.32
SURGERY	287	392	12,610.12	32.17	.014	43.94	.45
PATHOLOGY	983	3,688	43,671.00	11.84	.130	44.43	1.54
RADIOLOGY	715	977	55,832.34	57.15	.034	78.09	1.97
ROOM USE	2,460	3,268	126,866.42	38.82	.115	51.57	4.48
CROSSOVERS/ALL OTH OUTPTNT	1,220	3,035	44,602.33	14.70	.107	36.56	1.57
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	3	57	10,419.03	182.79	.002	3473.01	.37
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	3	57	10,419.03	182.79	.002	3473.01	.37
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	91	371	9,430.84	25.42	.013	103.64	.33
HOSPITAL BASED	75	231	7,095.26	30.72	.008	94.60	.25
INDEPENDENT FACILITY	16	140	2,335.58	16.68	.005	145.97	.08
@LABORATORY FACILITY	674	2,017	29,661.33	14.71	.071	44.01	1.05
PATHOLOGY	674	2,016	29,601.83	14.68	.071	43.92	1.04
XO AND OTHERS	1	1	59.50	59.50	.000	59.50	.00
@ORGANIZED OUTPATIENT CLINIC	5,076	7,412	711,101.42	95.94	.262	140.09	25.10
CLINIC	251	917	18,517.55	20.19	.032	73.78	.65
SURGICENTER	22	128	4,821.16	37.67	.005	219.14	.17
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4,809	6,367	687,762.71	108.02	.225	143.02	24.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,064
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

						----- MONTHLY AVERAGE -----			
28,329 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	1,601	83,374	\$	152,921.94	\$ 1.83	2.943	\$ 95.52	\$ 5.40	
DURABLE MED. EQUIP.	25	45		19,928.71	442.86	.002	797.15	.70	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	368	4,224		56,264.90	13.32	.149	152.89	1.99	
AMBULANCES/AIR TRANS	367	4,220		49,253.36	11.67	.149	134.21	1.74	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	4	4		7,011.54	1752.89	.000	1752.89	.25	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	2	4		291.18	72.80	.000	145.59	.01	
GENETIC DISEASE TESTING	157	158		16,437.50	104.03	.006	104.70	.58	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	

OPTICIAN	560	1,232		10,913.81	8.86	.043	19.49	.39
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	28	63		5,309.95	84.28	.002	189.64	.19
PROSTHETICS	14	48		3,982.89	82.98	.002	284.49	.14
ORTHOTICS	15	15		1,327.06	88.47	.001	88.47	.05
PSYCHOLOGIST	15	54		3,314.45	61.38	.002	220.96	.12
SPEECH AND AUDIOLOGY	5	8		1,072.90	134.11	.000	214.58	.04
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	395	2,501		16,373.50	6.55	.088	41.45	.58
EPSDT SUPPLEMENTAL SERVICE	2	521		13,183.01	25.30	.018	6591.51	.47
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	76	74,564		9,832.03	.13	2.632	129.37	.35
@CALIF. CHILDREN SERVICES*	550	13,827	\$	1,583,500.19	\$ 114.52	.488	\$ 2879.09	\$ 55.90

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,065
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 FRESNO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

MOP024
FRESNO COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003				PAGE 3,068
MOP024			FEE-FOR-SERVICE/DENTAL				01/29/04
FRESNO COUNTY			SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81				

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,069
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

2,210 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,296	17,124	\$ 1,283,783.77	\$ 74.97	7.748	\$ 559.14	\$ 580.90
@PHYSICIANS SERVICES	1,358	7,032	\$ 314,644.56	\$ 44.74	3.182	\$ 231.70	\$ 142.37
OUTPATIENT VISITS	903	4,304	96,108.92	22.33	1.948	106.43	43.49
OFFICE VISITS	198	241	8,562.26	35.53	.109	43.24	3.87
HOME VISITS	1	1	62.90	62.90	.000	62.90	.03
EMERGENCY ROOM	123	139	7,882.27	56.71	.063	64.08	3.57
PREVENTIVE CARE	1	1	68.73	68.73	.000	68.73	.03
OB VISITS/COMPRE PERI	669	3,883	78,657.21	20.26	1.757	117.57	35.59
OTHER OUTPATIENT	34	39	875.55	22.45	.018	25.75	.40
INPATIENT VISITS	163	386	27,626.14	71.57	.175	169.49	12.50
HOSPITAL VISITS	157	300	13,577.11	45.26	.136	86.48	6.14
CRITICAL CARE	10	86	14,049.03	163.36	.039	1404.90	6.36
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	152.73	50.91	.001	50.91	.07
EXAMINATIONS	3	3	152.73	50.91	.001	50.91	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	216	654	121,795.79	186.23	.296	563.87	55.11
PRINCIPAL SURGEON	149	154	104,250.80	676.95	.070	699.67	47.17
ASSISTANT SURGEON	35	34	6,219.98	182.94	.015	177.71	2.81
ANESTHESIOLOGIST	73	466	11,325.01	24.30	.211	155.14	5.12
OUTPATIENT SURGERY	123	229	17,694.48	77.27	.104	143.86	8.01
PRINCIPAL SURGEON	114	161	16,027.00	99.55	.073	140.59	7.25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	29	68	1,667.48	24.52	.031	57.50	.75

DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	316	708		16,786.14	23.71	.320	53.12	7.60
RADIOLOGY	364	487		23,448.20	48.15	.220	64.42	10.61
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	47	71		2,542.72	35.81	.032	54.10	1.15
OTHER SERVICES/ALL X-OVERS	110	190		8,489.44	44.68	.086	77.18	3.84
@PHARMACY	758	2,690	\$	55,733.97	20.72	1.217	\$ 73.53	\$ 25.22
PRESCRIPTION DRUGS	745	1,668		52,425.39	31.43	.755	70.37	23.72
SNF/ICF	3	15		1,317.28	87.82	.007	439.09	.60
OUTPATIENTS	742	1,653		51,108.11	30.92	.748	68.88	23.13
MEDICAL SUPPLIES	50	1,022		3,308.58	3.24	.462	66.17	1.50
@DENTIST	102	514	\$	20,809.75	40.49	.233	\$ 204.02	\$ 9.42
VISITS - DIAGNOSTIC	79	278		4,811.75	17.31	.126	60.91	2.18
ORAL SURGERY	23	50		4,070.00	81.40	.023	176.96	1.84
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	2	2		200.00	100.00	.001	100.00	.09

PERIODONTICS	6	6	538.00	89.67	.003	89.67	.24
ENDODONTICS	5	5	1,135.00	227.00	.002	227.00	.51
RESTORATIVE DENTISTRY	39	156	9,142.00	58.60	.071	234.41	4.14
PROSTHETICS	2	2	60.00	30.00	.001	30.00	.03
DENTURES, STAYPLATES	2	13	553.00	42.54	.006	276.50	.25
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	300.00	300.00	.000	300.00	.14
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,070
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						
				AID CODE 86	----- MONTHLY AVERAGE -----		
2,210 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	44	\$ 1,029.94	\$ 23.41	.020	\$ 73.57	\$.47
DIAGNOSTIC AND ANC. PROCED	12	12	569.40	47.45	.005	47.45	.26
EYE APPLIANCES	11	32	460.54	14.39	.014	41.87	.21
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	6	18	\$ 300.96	\$ 16.72	.008	\$ 50.16	\$.14
VISITS	6	18	300.96	16.72	.008	50.16	.14
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	8	\$ 299.76	\$ 37.47	.004	\$ 99.92	\$.14
MEDICINE/INJECTIONS	3	4	120.40	30.10	.002	40.13	.05
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.001	34.60	.02
OTHER	1	2	144.76	72.38	.001	144.76	.07
@HOME HEALTH AGENCY	13	57	\$ 3,872.83	\$ 67.94	.026	\$ 297.91	\$ 1.75
NURSE ANESTHESIST	10	49	\$ 1,123.38	\$ 22.93	.022	\$ 112.34	\$.51
NURSE MIDWIFE	2	3	\$ 1,381.82	\$ 460.61	.001	\$ 690.91	\$.63
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	774	3,386	\$ 757,451.02	\$ 223.70	1.532	\$ 978.62	\$ 342.74
HOSP INPATIENT TOTAL	197	594	691,500.25	1164.14	.269	3510.15	312.90
HSC HOSPITALS	163	466	550,161.85	1180.60	.211	3375.23	248.94
NON-HSC HOSPITAL TOTAL	37	128	141,338.40	1104.21	.058	3819.96	63.95
ACCOMMODATIONS	37	128	47,694.95	372.62	.058	1289.05	21.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	37	128	47,694.95	372.62	.058	1289.05	21.58
ANCILLARIES	37	0	93,643.45	.00	.000	2530.90	42.37
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	695	2,792	65,950.77	23.62	1.263	94.89	29.84
MEDICAL	56	69	3,455.89	50.09	.031	61.71	1.56
SURGERY	66	111	3,552.53	32.00	.050	53.83	1.61
PATHOLOGY	346	1,006	12,000.16	11.93	.455	34.68	5.43
RADIOLOGY	101	117	7,903.11	67.55	.053	78.25	3.58
ROOM USE	324	614	24,022.99	39.13	.278	74.15	10.87
CROSSOVERS/ALL OTH OUTPTNT	352	875	15,016.09	17.16	.396	42.66	6.79
@COUNTY HOSPITAL TOTAL	1	17	\$ 264.12	\$ 15.54	.008	\$ 264.12	\$.12
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	17	264.12	15.54	.008	264.12	.12
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	10	66.50	6.65	.005	66.50	.03
RADIOLOGY	1	1	80.02	80.02	.000	80.02	.04
ROOM USE	1	2	69.30	34.65	.001	69.30	.03
CROSSOVERS/ALL OTH OUTPTNT	1	4	48.30	12.08	.002	48.30	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,071
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

2,210 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	773	3,369	\$ 757,186.90	\$ 224.75	1.524	\$ 979.54	\$ 342.62
COMM HOSP INPATIENT TOTAL	197	594	691,500.25	1164.14	.269	3510.15	312.90
HSC HOSPITALS	163	466	550,161.85	1180.60	.211	3375.23	248.94
NON-HSC HOSPITALS TOTAL	37	128	141,338.40	1104.21	.058	3819.96	63.95
ACCOMMODATIONS	37	128	47,694.95	372.62	.058	1289.05	21.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	37	128	47,694.95	372.62	.058	1289.05	21.58
ANCILLARIES	37	0	93,643.45	.00	.000	2530.90	42.37
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	694	2,775	65,686.65	23.67	1.256	94.65	29.72
MEDICAL	56	69	3,455.89	50.09	.031	61.71	1.56
SURGERY	66	111	3,552.53	32.00	.050	53.83	1.61
PATHOLOGY	345	996	11,933.66	11.98	.451	34.59	5.40
RADIOLOGY	100	116	7,823.09	67.44	.052	78.23	3.54
ROOM USE	323	612	23,953.69	39.14	.277	74.16	10.84
CROSSOVERS/ALL OTH OUTPTNT	351	871	14,967.79	17.18	.394	42.64	6.77
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$ 29.58	\$ 29.58	.000	\$ 29.58	\$.01
HOSPITAL BASED	1	1	29.58	29.58	.000	29.58	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	344	1,119	\$ 13,609.07	\$ 12.16	.506	\$ 39.56	\$ 6.16
PATHOLOGY	344	1,119	13,609.07	12.16	.506	39.56	6.16
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	440	1,373	\$ 87,141.65	\$ 63.47	.621	\$ 198.05	\$ 39.43
CLINIC	106	614	12,630.96	20.57	.278	119.16	5.72
SURGICENTER	1	7	262.68	37.53	.003	262.68	.12
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

2,210 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	237	830	\$ 26,355.48	\$ 31.75	.376	\$ 111.20	\$ 11.93
DURABLE MED. EQUIP.	14	14	896.66	64.05	.006	64.05	.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	48	530	6,466.93	12.20	.240	134.73	2.93
AMBULANCES/AIR TRANS	48	530	6,466.93	12.20	.240	134.73	2.93
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	114	115	11,925.00	103.70	.052	104.61	5.40
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	26	59	563.13	9.54	.027	21.66	.25
PHYSICAL THERAPIST	7	20	1,030.96	51.55	.009	147.28	.47
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	44	92	5,472.80	59.49	.042	124.38	2.48
PROSTHETICS	11	52	1,951.72	37.53	.024	177.43	.88
ORTHOTICS	38	40	3,521.08	88.03	.018	92.66	1.59
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	23	226	\$ 136,992.76	\$ 606.16	.102	\$ 5956.21	\$ 61.99
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

2,210 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,296	17,124	\$ 1,283,783.77	\$ 74.97	7.748	\$ 559.14	\$ 580.90
@PHYSICIANS SERVICES	1,358	7,032	\$ 314,644.56	\$ 44.74	3.182	\$ 231.70	\$ 142.37
OUTPATIENT VISITS	903	4,304	96,108.92	22.33	1.948	106.43	43.49
OFFICE VISITS	198	241	8,562.26	35.53	.109	43.24	3.87
HOME VISITS	1	1	62.90	62.90	.000	62.90	.03
EMERGENCY ROOM	123	139	7,882.27	56.71	.063	64.08	3.57
PREVENTIVE CARE	1	1	68.73	68.73	.000	68.73	.03
OB VISITS/COMPRE PERI	669	3,883	78,657.21	20.26	1.757	117.57	35.59
OTHER OUTPATIENT	34	39	875.55	22.45	.018	25.75	.40
INPATIENT VISITS	163	386	27,626.14	71.57	.175	169.49	12.50
HOSPITAL VISITS	157	300	13,577.11	45.26	.136	86.48	6.14
CRITICAL CARE	10	86	14,049.03	163.36	.039	1404.90	6.36
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	152.73	50.91	.001	50.91	.07

EXAMINATIONS	3	3	152.73	50.91	.001	50.91	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	216	654	121,795.79	186.23	.296	563.87	55.11
PRINCIPAL SURGEON	149	154	104,250.80	676.95	.070	699.67	47.17
ASSISTANT SURGEON	35	34	6,219.98	182.94	.015	177.71	2.81
ANESTHESIOLOGIST	73	466	11,325.01	24.30	.211	155.14	5.12
OUTPATIENT SURGERY	123	229	17,694.48	77.27	.104	143.86	8.01
PRINCIPAL SURGEON	114	161	16,027.00	99.55	.073	140.59	7.25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	29	68	1,667.48	24.52	.031	57.50	.75
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	316	708	16,786.14	23.71	.320	53.12	7.60
RADIOLOGY	364	487	23,448.20	48.15	.220	64.42	10.61
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	47	71	2,542.72	35.81	.032	54.10	1.15
OTHER SERVICES/ALL X-OVERS	110	190	8,489.44	44.68	.086	77.18	3.84
@PHARMACY	758	2,690	\$ 55,733.97	\$ 20.72	1.217	\$ 73.53	\$ 25.22
PRESCRIPTION DRUGS	745	1,668	52,425.39	31.43	.755	70.37	23.72
SNF/ICF	3	15	1,317.28	87.82	.007	439.09	.60
OUTPATIENTS	742	1,653	51,108.11	30.92	.748	68.88	23.13
MEDICAL SUPPLIES	50	1,022	3,308.58	3.24	.462	66.17	1.50
@DENTIST	102	514	\$ 20,809.75	\$ 40.49	.233	\$ 204.02	\$ 9.42
VISITS - DIAGNOSTIC	79	278	4,811.75	17.31	.126	60.91	2.18
ORAL SURGERY	23	50	4,070.00	81.40	.023	176.96	1.84
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.001	100.00	.09
PERIODONTICS	6	6	538.00	89.67	.003	89.67	.24
ENDODONTICS	5	5	1,135.00	227.00	.002	227.00	.51
RESTORATIVE DENTISTRY	39	156	9,142.00	58.60	.071	234.41	4.14
PROSTHETICS	2	2	60.00	30.00	.001	30.00	.03
DENTURES, STAYPLATES	2	13	553.00	42.54	.006	276.50	.25
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	300.00	300.00	.000	300.00	.14
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,074
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL						

	2,210 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	44	\$	1,029.94	\$ 23.41	.020	\$ 73.57	\$.47
DIAGNOSTIC AND ANC. PROCED	12	12		569.40	47.45	.005	47.45	.26
EYE APPLIANCES	11	32		460.54	14.39	.014	41.87	.21
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	6	18	\$	300.96	\$ 16.72	.008	\$ 50.16	\$.14
VISITS	6	18		300.96	16.72	.008	50.16	.14
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	3	8	\$	299.76	\$ 37.47	.004	\$ 99.92	\$.14
MEDICINE/INJECTIONS	3	4		120.40	30.10	.002	40.13	.05
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.001	34.60	.02
OTHER	1	2		144.76	72.38	.001	144.76	.07
@HOME HEALTH AGENCY	13	57	\$	3,872.83	\$ 67.94	.026	\$ 297.91	\$ 1.75
NURSE ANESTHESIST	10	49	\$	1,123.38	\$ 22.93	.022	\$ 112.34	\$.51
NURSE MIDWIFE	2	3	\$	1,381.82	\$ 460.61	.001	\$ 690.91	\$.63
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	774	3,386	\$	757,451.02	\$ 223.70	1.532	\$ 978.62	\$ 342.74

HOSP INPATIENT TOTAL	197	594	691,500.25	1164.14	.269	3510.15	312.90
HSC HOSPITALS	163	466	550,161.85	1180.60	.211	3375.23	248.94
NON-HSC HOSPITAL TOTAL	37	128	141,338.40	1104.21	.058	3819.96	63.95
ACCOMMODATIONS	37	128	47,694.95	372.62	.058	1289.05	21.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	37	128	47,694.95	372.62	.058	1289.05	21.58
ANCILLARIES	37	0	93,643.45	.00	.000	2530.90	42.37
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	695	2,792	65,950.77	23.62	1.263	94.89	29.84
MEDICAL	56	69	3,455.89	50.09	.031	61.71	1.56
SURGERY	66	111	3,552.53	32.00	.050	53.83	1.61
PATHOLOGY	346	1,006	12,000.16	11.93	.455	34.68	5.43
RADIOLOGY	101	117	7,903.11	67.55	.053	78.25	3.58
ROOM USE	324	614	24,022.99	39.13	.278	74.15	10.87

CROSSOVERS/ALL OTH OUTPTNT	352	875		15,016.09		17.16	.396	42.66		6.79
@COUNTY HOSPITAL TOTAL	1	17	\$	264.12	\$	15.54	.008	\$ 264.12	\$	.12
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	17		264.12		15.54	.008	264.12		.12
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	1	10		66.50		6.65	.005	66.50		.03
RADIOLOGY	1	1		80.02		80.02	.000	80.02		.04
ROOM USE	1	2		69.30		34.65	.001	69.30		.03
CROSSOVERS/ALL OTH OUTPTNT	1	4		48.30		12.08	.002	48.30		.02

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	2,210 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	773		3,369	\$ 757,186.90	\$ 224.75	1.524	\$ 979.54	\$ 342.62
COMM HOSP INPATIENT TOTAL	197		594	691,500.25	1164.14	.269	3510.15	312.90
HSC HOSPITALS	163		466	550,161.85	1180.60	.211	3375.23	248.94
NON-HSC HOSPITALS TOTAL	37		128	141,338.40	1104.21	.058	3819.96	63.95
ACCOMMODATIONS	37		128	47,694.95	372.62	.058	1289.05	21.58
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	37		128	47,694.95	372.62	.058	1289.05	21.58
ANCILLARIES	37		0	93,643.45	.00	.000	2530.90	42.37
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	694		2,775	65,686.65	23.67	1.256	94.65	29.72
MEDICAL	56		69	3,455.89	50.09	.031	61.71	1.56
SURGERY	66		111	3,552.53	32.00	.050	53.83	1.61
PATHOLOGY	345		996	11,933.66	11.98	.451	34.59	5.40
RADIOLOGY	100		116	7,823.09	67.44	.052	78.23	3.54
ROOM USE	323		612	23,953.69	39.14	.277	74.16	10.84
CROSSOVERS/ALL OTH OUTPTNT	351		871	14,967.79	17.18	.394	42.64	6.77
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	1	1	\$	29.58	\$	29.58	.000	\$	29.58	\$	.01
HOSPITAL BASED	1	1		29.58		29.58	.000		29.58		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	344	1,119	\$	13,609.07	\$	12.16	.506	\$	39.56	\$	6.16
PATHOLOGY	344	1,119		13,609.07		12.16	.506		39.56		6.16
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	440	1,373	\$	87,141.65	\$	63.47	.621	\$	198.05	\$	39.43
CLINIC	106	614		12,630.96		20.57	.278		119.16		5.72
SURGICENTER	1	7		262.68		37.53	.003		262.68		.12
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	333	752		74,248.01		98.73	.340		222.97		33.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 3,076
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL										

	2,210 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	237		830	\$ 26,355.48	\$ 31.75	.376	\$ 111.20	\$ 11.93
DURABLE MED. EQUIP.	14		14	896.66	64.05	.006	64.05	.41
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	48		530	6,466.93	12.20	.240	134.73	2.93
AMBULANCES/AIR TRANS	48		530	6,466.93	12.20	.240	134.73	2.93
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	114		115	11,925.00	103.70	.052	104.61	5.40
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	26		59	563.13	9.54	.027	21.66	.25
PHYSICAL THERAPIST	7		20	1,030.96	51.55	.009	147.28	.47
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	44		92	5,472.80	59.49	.042	124.38	2.48
PROSTHETICS	11		52	1,951.72	37.53	.024	177.43	.88
ORTHOTICS	38		40	3,521.08	88.03	.018	92.66	1.59
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	23		226	\$ 136,992.76	\$ 606.16	.102	\$ 5956.21	\$ 61.99
@XOVER EXCLUDING STATE HOSP**	0		0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 3,077
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC										

	157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	207		5,100	\$ 825,649.10	\$ 161.89	32.484	\$ 3988.64	\$ 5258.91
@PHYSICIANS SERVICES	63		110	\$ 4,537.44	\$ 41.25	.701	\$ 72.02	\$ 28.90
OUTPATIENT VISITS	17		23	1,160.51	50.46	.146	68.27	7.39
OFFICE VISITS	3		5	153.20	30.64	.032	51.07	.98

HOME VISITS	2	2		139.90	69.95	.013	69.95	.89
EMERGENCY ROOM	9	12		809.49	67.46	.076	89.94	5.16
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4		57.92	14.48	.025	14.48	.37
INPATIENT VISITS	30	54		1,687.26	31.25	.344	56.24	10.75
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	30	54		1,687.26	31.25	.344	56.24	10.75
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2		448.81	224.41	.013	224.41	2.86
PRINCIPAL SURGEON	2	2		448.81	224.41	.013	224.41	2.86
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		27.54	13.77	.013	27.54	.18
RADIOLOGY	11	17		791.22	46.54	.108	71.93	5.04
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	11	12		422.10	35.18	.076	38.37	2.69
@PHARMACY	147	1,202	\$	138,460.72	\$ 115.19	7.656	\$ 941.91	\$ 881.92
PRESCRIPTION DRUGS	147	1,202		138,460.72	115.19	7.656	941.91	881.92
SNF/ICF	134	1,105		129,806.64	117.47	7.038	968.71	826.79
OUTPATIENTS	24	97		8,654.08	89.22	.618	360.59	55.12
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	17	67	\$	1,539.00	\$ 22.97	.427	\$ 90.53	\$ 9.80
VISITS - DIAGNOSTIC	15	60		805.00	13.42	.382	53.67	5.13
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		330.00	330.00	.006	330.00	2.10
RESTORATIVE DENTISTRY	2	6		404.00	67.33	.038	202.00	2.57
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 3,078
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC							
				AID CODE 53				
				----- MONTHLY AVERAGE -----				
157 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	1	6 \$	70.60	\$ 11.77	.038	\$ 70.60	\$.45	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	1	6	70.60	11.77	.038	70.60	.45	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	2	4 \$	90.17	\$ 22.54	.025	\$ 45.09	\$.57	

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	4	90.17	22.54	.025	45.09	.57
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	25	77	\$ 2,939.01	\$ 38.17	.490	\$ 117.56	\$ 18.72
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	25	77	2,939.01	38.17	.490	117.56	18.72
MEDICAL	3	3	60.07	20.02	.019	20.02	.38
SURGERY	2	2	82.73	41.37	.013	41.37	.53
PATHOLOGY	9	21	279.72	13.32	.134	31.08	1.78
RADIOLOGY	8	9	1,394.91	154.99	.057	174.36	8.88
ROOM USE	12	15	766.36	51.09	.096	63.86	4.88
CROSSOVERS/ALL OTH OUTPTNT	10	27	355.22	13.16	.172	35.52	2.26
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,079
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

	157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25	77	\$	2,939.01	\$ 38.17	.490	\$ 117.56	\$ 18.72
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	25	77		2,939.01	38.17	.490	117.56	18.72
MEDICAL	3	3		60.07	20.02	.019	20.02	.38
SURGERY	2	2		82.73	41.37	.013	41.37	.53
PATHOLOGY	9	21		279.72	13.32	.134	31.08	1.78
RADIOLOGY	8	9		1,394.91	154.99	.057	174.36	8.88
ROOM USE	12	15		766.36	51.09	.096	63.86	4.88
CROSSOVERS/ALL OTH OUTPTNT	10	27		355.22	13.16	.172	35.52	2.26
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	70	2,833	\$	640,177.69	\$ 225.97	18.045	\$ 9145.40	\$ 4077.56
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	16	603		335,479.74		556.35	3.841	20967.48	2136.81
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	54	2,230		304,697.95		136.64	14.204	5642.55	1940.75
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	22	91	\$	1,023.39	\$	11.25	.580	46.52	6.52
PATHOLOGY	22	91		1,023.39		11.25	.580	46.52	6.52
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	27	191	\$	29,862.25	\$	156.35	1.217	1106.01	190.21
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	27	191		29,862.25		156.35	1.217	1106.01	190.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 3,080
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC								AID CODE 53

157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	40	519	\$ 6,948.83	\$ 13.39	3.306	\$ 173.72	\$ 44.26
DURABLE MED. EQUIP.	1	2	147.94	73.97	.013	147.94	.94
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	25	474	4,144.74	8.74	3.019	165.79	26.40
AMBULANCES/AIR TRANS	22	428	3,993.04	9.33	2.726	181.50	25.43
OTHER TRANS	3	45	139.84	3.11	.287	46.61	.89
OTHER SERVICES	1	1	11.86	11.86	.006	11.86	.08
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	3	219.18	73.06	.019	219.18	1.40
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	19.12	9.56	.013	19.12	.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	17	357.76	21.04	.108	71.55	2.28
PROSTHETIST/ORTHOTISTS	3	4	771.78	192.95	.025	257.26	4.92
PROSTHETICS	3	4	771.78	192.95	.025	257.26	4.92
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	6	32.91	5.49	.038	16.46	.21
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	11	1,255.40	114.13	.070	627.70	8.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	10	27	\$ 321.94	\$ 11.92	.172	\$ 32.19	\$ 2.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

43 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	67	589	\$ 42,813.01	\$ 72.69	13.698		\$ 639.00	\$ 995.65
@PHYSICIANS SERVICES	41	176	\$ 10,410.21	\$ 59.15	4.093		\$ 253.91	\$ 242.10
OUTPATIENT VISITS	20	24	1,190.48	49.60	.558		59.52	27.69
OFFICE VISITS	2	2	61.50	30.75	.047		30.75	1.43
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	12	13	956.00	73.54	.302		79.67	22.23
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	1	2	16.82	8.41	.047		16.82	.39
OTHER OUTPATIENT	6	7	156.16	22.31	.163		26.03	3.63
INPATIENT VISITS	7	20	834.51	41.73	.465		119.22	19.41
HOSPITAL VISITS	7	20	834.51	41.73	.465		119.22	19.41
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	13	62	5,981.61	96.48	1.442		460.12	139.11
PRINCIPAL SURGEON	10	17	4,745.37	279.14	.395		474.54	110.36
ASSISTANT SURGEON	2	2	361.53	180.77	.047		180.77	8.41
ANESTHESIOLOGIST	3	43	874.71	20.34	1.000		291.57	20.34
OUTPATIENT SURGERY	4	6	356.11	59.35	.140		89.03	8.28
PRINCIPAL SURGEON	3	3	243.34	81.11	.070		81.11	5.66
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	1	3	112.77	37.59	.070		112.77	2.62
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	5	9	361.72	40.19	.209		72.34	8.41
RADIOLOGY	11	51	1,570.78	30.80	1.186		142.80	36.53
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	4	4	115.00	28.75	.093		28.75	2.67
@PHARMACY	17	129	\$ 6,374.91	\$ 49.42	3.000		\$ 374.99	\$ 148.25
PRESCRIPTION DRUGS	16	29	6,349.41	218.95	.674		396.84	147.66
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	16	29	6,349.41	218.95	.674		396.84	147.66
MEDICAL SUPPLIES	1	100	25.50	.26	2.326		25.50	.59
@DENTIST	1	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	1	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

43 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	10	\$ 190.98	\$ 19.10	.233	\$ 95.49	\$ 4.44
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	27	192	\$ 24,989.06	\$ 130.15	4.465	\$ 925.52	\$ 581.14
HOSP INPATIENT TOTAL	5	73	21,603.85	295.94	1.698	4320.77	502.42
HSC HOSPITALS	2	59	13,777.01	233.51	1.372	6888.51	320.40
NON-HSC HOSPITAL TOTAL	3	14	7,826.84	559.06	.326	2608.95	182.02
ACCOMMODATIONS	3	14	4,198.73	299.91	.326	1399.58	97.64
ADMINISTRATIVE DAYS	1	4	925.20	231.30	.093	925.20	21.52
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	3,273.53	327.35	.233	1636.77	76.13
ANCILLARIES	3	0	3,628.11	.00	.000	1209.37	84.37
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	25	119	3,385.21	28.45	2.767	135.41	78.73
MEDICAL	7	9	221.74	24.64	.209	31.68	5.16
SURGERY	1	2	50.33	25.17	.047	50.33	1.17
PATHOLOGY	5	28	299.06	10.68	.651	59.81	6.95
RADIOLOGY	7	19	1,197.55	63.03	.442	171.08	27.85
ROOM USE	16	29	932.47	32.15	.674	58.28	21.69
CROSSOVERS/ALL OTH OUTPTNT	13	32	684.06	21.38	.744	52.62	15.91
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	192	\$	24,989.06	\$ 130.15	4.465	\$ 925.52	\$ 581.14
COMM HOSP INPATIENT TOTAL	5	73		21,603.85	295.94	1.698	4320.77	502.42
HSC HOSPITALS	2	59		13,777.01	233.51	1.372	6888.51	320.40
NON-HSC HOSPITALS TOTAL	3	14		7,826.84	559.06	.326	2608.95	182.02
ACCOMMODATIONS	3	14		4,198.73	299.91	.326	1399.58	97.64
ADMINISTRATIVE DAYS	1	4		925.20	231.30	.093	925.20	21.52
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10		3,273.53	327.35	.233	1636.77	76.13
ANCILLARIES	3	0		3,628.11	.00	.000	1209.37	84.37
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	25	119		3,385.21	28.45	2.767	135.41	78.73
MEDICAL	7	9		221.74	24.64	.209	31.68	5.16
SURGERY	1	2		50.33	25.17	.047	50.33	1.17
PATHOLOGY	5	28		299.06	10.68	.651	59.81	6.95
RADIOLOGY	7	19		1,197.55	63.03	.442	171.08	27.85
ROOM USE	16	29		932.47	32.15	.674	58.28	21.69
CROSSOVERS/ALL OTH OUTPTNT	13	32		684.06	21.38	.744	52.62	15.91
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	3	\$	26.27	\$ 8.76	.070	\$ 26.27	\$.61
PATHOLOGY	1	3		26.27	8.76	.070	26.27	.61
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	218.80	\$ 109.40	.047	\$ 109.40	\$ 5.09
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2		218.80	109.40	.047	109.40	5.09
#CALIF DEPT OF HEALTH SERV								
MOP024								
FRESNO COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,084
FEE-FOR-SERVICE/DENTAL 01/29/04
SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

43 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	77	\$ 602.78	\$ 7.83	1.791	\$ 120.56	\$ 14.02
DURABLE MED. EQUIP.	1	1	91.16	91.16	.023	91.16	2.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	76	511.62	6.73	1.767	127.91	11.90
AMBULANCES/AIR TRANS	4	76	511.62	6.73	1.767	127.91	11.90
OTHER TRANS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,085
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 FRESNO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

200 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	274	5,689	\$ 868,462.11	\$ 152.66	28.445	\$ 3169.57	\$ 4342.31
@PHYSICIANS SERVICES	104	286	\$ 14,947.65	\$ 52.26	1.430	\$ 143.73	\$ 74.74
OUTPATIENT VISITS	37	47	2,350.99	50.02	.235	63.54	11.75
OFFICE VISITS	5	7	214.70	30.67	.035	42.94	1.07
HOME VISITS	2	2	139.90	69.95	.010	69.95	.70
EMERGENCY ROOM	21	25	1,765.49	70.62	.125	84.07	8.83
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2	16.82	8.41	.010	16.82	.08
OTHER OUTPATIENT	10	11	214.08	19.46	.055	21.41	1.07
INPATIENT VISITS	37	74	2,521.77	34.08	.370	68.16	12.61
HOSPITAL VISITS	7	20	834.51	41.73	.100	119.22	4.17
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	30	54	1,687.26	31.25	.270	56.24	8.44
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	13	62	5,981.61	96.48	.310	460.12	29.91
PRINCIPAL SURGEON	10	17	4,745.37	279.14	.085	474.54	23.73
ASSISTANT SURGEON	2	2	361.53	180.77	.010	180.77	1.81
ANESTHESIOLOGIST	3	43	874.71	20.34	.215	291.57	4.37
OUTPATIENT SURGERY	6	8	804.92	100.62	.040	134.15	4.02
PRINCIPAL SURGEON	5	5	692.15	138.43	.025	138.43	3.46
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	112.77	37.59	.015	112.77	.56
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	11	389.26	35.39	.055	64.88	1.95
RADIOLOGY	22	68	2,362.00	34.74	.340	107.36	11.81
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	15	16	537.10	33.57	.080	35.81	2.69
@PHARMACY	164	1,331	\$ 144,835.63	\$ 108.82	6.655	\$ 883.14	\$ 724.18
PRESCRIPTION DRUGS	163	1,231	144,810.13	117.64	6.155	888.41	724.05
SNF/ICF	134	1,105	129,806.64	117.47	5.525	968.71	649.03
OUTPATIENTS	40	126	15,003.49	119.08	.630	375.09	75.02
MEDICAL SUPPLIES	1	100	25.50	.26	.500	25.50	.13
@DENTIST	18	67	\$ 1,539.00	\$ 22.97	.335	\$ 85.50	\$ 7.70
VISITS - DIAGNOSTIC	16	60	805.00	13.42	.300	50.31	4.03
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	330.00	330.00	.005	330.00	1.65
RESTORATIVE DENTISTRY	2	6	404.00	67.33	.030	202.00	2.02
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,086
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

200 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	6	\$ 70.60	\$ 11.77	.030	\$ 70.60	\$.35
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	6	70.60	11.77	.030	70.60	.35
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	4	\$ 90.17	\$ 22.54	.020	\$ 45.09	\$.45
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	4	90.17	22.54	.020	45.09	.45
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	10	\$ 190.98	\$ 19.10	.050	\$ 95.49	\$.95
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	52	269	\$ 27,928.07	\$ 103.82	1.345	\$ 537.08	\$ 139.64
HOSP INPATIENT TOTAL	5	73	21,603.85	295.94	.365	4320.77	108.02
HSC HOSPITALS	2	59	13,777.01	233.51	.295	6888.51	68.89
NON-HSC HOSPITAL TOTAL	3	14	7,826.84	559.06	.070	2608.95	39.13
ACCOMMODATIONS	3	14	4,198.73	299.91	.070	1399.58	20.99
ADMINISTRATIVE DAYS	1	4	925.20	231.30	.020	925.20	4.63
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	3,273.53	327.35	.050	1636.77	16.37
ANCILLARIES	3	0	3,628.11	.00	.000	1209.37	18.14
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	50	196	6,324.22	32.27	.980	126.48	31.62
MEDICAL	10	12	281.81	23.48	.060	28.18	1.41
SURGERY	3	4	133.06	33.27	.020	44.35	.67
PATHOLOGY	14	49	578.78	11.81	.245	41.34	2.89
RADIOLOGY	15	28	2,592.46	92.59	.140	172.83	12.96
ROOM USE	28	44	1,698.83	38.61	.220	60.67	8.49
CROSSOVERS/ALL OTH OUTPTNT	23	59	1,039.28	17.61	.295	45.19	5.20
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,087
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

200 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	52	269	\$ 27,928.07	\$ 103.82	1.345	\$ 537.08	\$ 139.64
COMM HOSP INPATIENT TOTAL	5	73	21,603.85	295.94	.365	4320.77	108.02
HSC HOSPITALS	2	59	13,777.01	233.51	.295	6888.51	68.89
NON-HSC HOSPITALS TOTAL	3	14	7,826.84	559.06	.070	2608.95	39.13
ACCOMMODATIONS	3	14	4,198.73	299.91	.070	1399.58	20.99
ADMINISTRATIVE DAYS	1	4	925.20	231.30	.020	925.20	4.63
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	3,273.53	327.35	.050	1636.77	16.37
ANCILLARIES	3	0	3,628.11	.00	.000	1209.37	18.14
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	50	196	6,324.22	32.27	.980	126.48	31.62
MEDICAL	10	12	281.81	23.48	.060	28.18	1.41
SURGERY	3	4	133.06	33.27	.020	44.35	.67
PATHOLOGY	14	49	578.78	11.81	.245	41.34	2.89
RADIOLOGY	15	28	2,592.46	92.59	.140	172.83	12.96
ROOM USE	28	44	1,698.83	38.61	.220	60.67	8.49
CROSSOVERS/ALL OTH OUTPTNT	23	59	1,039.28	17.61	.295	45.19	5.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	70	2,833	\$ 640,177.69	\$ 225.97	14.165	\$ 9145.40	\$ 3200.89
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	16	603	335,479.74	556.35	3.015	20967.48	1677.40
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	54	2,230	304,697.95	136.64	11.150	5642.55	1523.49
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	23	94	\$ 1,049.66	\$ 11.17	.470	\$ 45.64	\$ 5.25
PATHOLOGY	23	94	1,049.66	11.17	.470	45.64	5.25
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	29	193	\$ 30,081.05	\$ 155.86	.965	\$ 1037.28	\$ 150.41
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	29	193	30,081.05	155.86	.965	1037.28	150.41

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,088
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

200 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	45	596	\$ 7,551.61	\$ 12.67	2.980	\$ 37.76
DURABLE MED. EQUIP.	2	3	239.10	79.70	.015	1.20
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	29	550	4,656.36	8.47	2.750	23.28
AMBULANCES/AIR TRANS	26	504	4,504.66	8.94	2.520	22.52
OTHER TRANS	3	45	139.84	3.11	.225	.70
OTHER SERVICES	1	1	11.86	11.86	.005	.06
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	1	3	219.18	73.06	.015	1.10
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	1	2	19.12	9.56	.010	.10
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	5	17	357.76	21.04	.085	1.79
PROSTHETIST/ORTHOTISTS	3	4	771.78	192.95	.020	3.86
PROSTHETICS	3	4	771.78	192.95	.020	3.86
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	2	6	32.91	5.49	.030	.16
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	2	11	1,255.40	114.13	.055	6.28
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	10	27	\$ 321.94	\$ 11.92	.135	\$ 1.61

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,089
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000	.00	.00
ORAL SURGERY	0	0		.00		.000	.00	.00
DRUGS	0	0		.00		.000	.00	.00
ANESTHESIA	0	0		.00		.000	.00	.00
PERIODONTICS	0	0		.00		.000	.00	.00
ENDODONTICS	0	0		.00		.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.000	.00	.00
PROSTHETICS	0	0		.00		.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,090
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,091
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,092
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,093
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL	

2,410 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,570	22,813	\$ 2,152,245.88	\$ 94.34	9.466	\$ 837.45	\$ 893.05
@PHYSICIANS SERVICES	1,462	7,318	\$ 329,592.21	\$ 45.04	3.037	\$ 225.44	\$ 136.76
OUTPATIENT VISITS	940	4,351	98,459.91	22.63	1.805	104.74	40.85
OFFICE VISITS	203	248	8,776.96	35.39	.103	43.24	3.64
HOME VISITS	3	3	202.80	67.60	.001	67.60	.08
EMERGENCY ROOM	144	164	9,647.76	58.83	.068	67.00	4.00
PREVENTIVE CARE	1	1	68.73	68.73	.000	68.73	.03
OB VISITS/COMPRE PERI	670	3,885	78,674.03	20.25	1.612	117.42	32.64

OTHER OUTPATIENT	44	50		1,089.63	21.79	.021	24.76	.45
INPATIENT VISITS	200	460		30,147.91	65.54	.191	150.74	12.51
HOSPITAL VISITS	164	320		14,411.62	45.04	.133	87.88	5.98
CRITICAL CARE	10	86		14,049.03	163.36	.036	1404.90	5.83
SNF/ICF/TRANS IP CARE	30	54		1,687.26	31.25	.022	56.24	.70
OPHTHALMOLOGICAL SERVICES	3	3		152.73	50.91	.001	50.91	.06
EXAMINATIONS	3	3		152.73	50.91	.001	50.91	.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	229	716		127,777.40	178.46	.297	557.98	53.02
PRINCIPAL SURGEON	159	171		108,996.17	637.40	.071	685.51	45.23
ASSISTANT SURGEON	37	36		6,581.51	182.82	.015	177.88	2.73
ANESTHESIOLOGIST	76	509		12,199.72	23.97	.211	160.52	5.06
OUTPATIENT SURGERY	129	237		18,499.40	78.06	.098	143.41	7.68
PRINCIPAL SURGEON	119	166		16,719.15	100.72	.069	140.50	6.94
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	30	71		1,780.25	25.07	.029	59.34	.74
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	322	719		17,175.40	23.89	.298	53.34	7.13
RADIOLOGY	386	555		25,810.20	46.50	.230	66.87	10.71
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	47	71		2,542.72	35.81	.029	54.10	1.06
OTHER SERVICES/ALL X-OVERS	125	206		9,026.54	43.82	.085	72.21	3.75
@PHARMACY	922	4,021	\$	200,569.60	\$ 49.88	1.668	\$ 217.54	\$ 83.22
PRESCRIPTION DRUGS	908	2,899		197,235.52	68.04	1.203	217.22	81.84
SNF/ICF	137	1,120		131,123.92	117.07	.465	957.11	54.41
OUTPATIENTS	782	1,779		66,111.60	37.16	.738	84.54	27.43
MEDICAL SUPPLIES	51	1,122		3,334.08	2.97	.466	65.37	1.38
@DENTIST	120	581	\$	22,348.75	\$ 38.47	.241	\$ 186.24	\$ 9.27
VISITS - DIAGNOSTIC	95	338		5,616.75	16.62	.140	59.12	2.33
ORAL SURGERY	23	50		4,070.00	81.40	.021	176.96	1.69
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	2	2		200.00	100.00	.001	100.00	.08
PERIODONTICS	6	6		538.00	89.67	.002	89.67	.22
ENDODONTICS	6	6		1,465.00	244.17	.002	244.17	.61
RESTORATIVE DENTISTRY	41	162		9,546.00	58.93	.067	232.83	3.96
PROSTHETICS	2	2		60.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	2	13		553.00	42.54	.005	276.50	.23
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		300.00	300.00	.000	300.00	.12
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	1		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

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	2,410 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@OPTOMETRIST	15	50	\$	1,100.54	\$ 22.01	.021	\$ 73.37 \$.46
DIAGNOSTIC AND ANC. PROCED	12	12		569.40	47.45	.005	47.45 .24
EYE APPLIANCES	12	38		531.14	13.98	.016	44.26 .22
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00 .00
@CHIROPRACTOR	6	18	\$	300.96	\$ 16.72	.007	\$ 50.16 \$.12
VISITS	6	18		300.96	16.72	.007	50.16 .12
OTHER SERVICES	0	0		.00	.00	.000	.00 .00
@PODIATRIST	5	12	\$	389.93	\$ 32.49	.005	\$ 77.99 \$.16
MEDICINE/INJECTIONS	3	4		120.40	30.10	.002	40.13 .05
SURGERY/ANES.	0	0		.00	.00	.000	.00 .00
RADIO./PATHOLOGY	1	2		34.60	17.30	.001	34.60 .01
OTHER	3	6		234.93	39.16	.002	78.31 .10

@HOME HEALTH AGENCY	13	57	\$	3,872.83	\$	67.94	.024	\$	297.91	\$	1.61
NURSE ANESTHESIST	12	59	\$	1,314.36	\$	22.28	.024	\$	109.53	\$	.55
NURSE MIDWIFE	2	3	\$	1,381.82	\$	460.61	.001	\$	690.91	\$	.57
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	826	3,655	\$	785,379.09	\$	214.88	1.517	\$	950.82	\$	325.88
HOSP INPATIENT TOTAL	202	667		713,104.10		1069.12	.277		3530.22		295.89
HSC HOSPITALS	165	525		563,938.86		1074.17	.218		3417.81		234.00
NON-HSC HOSPITAL TOTAL	40	142		149,165.24		1050.46	.059		3729.13		61.89
ACCOMMODATIONS	40	142		51,893.68		365.45	.059		1297.34		21.53
ADMINISTRATIVE DAYS	1	4		925.20		231.30	.002		925.20		.38
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	39	138		50,968.48		369.34	.057		1306.88		21.15
ANCILLARIES	40	0		97,271.56		.00	.000		2431.79		40.36
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	745	2,988		72,274.99	24.19	1.240	97.01	29.99	
MEDICAL	66	81		3,737.70	46.14	.034	56.63	1.55	
SURGERY	69	115		3,685.59	32.05	.048	53.41	1.53	
PATHOLOGY	360	1,055		12,578.94	11.92	.438	34.94	5.22	
RADIOLOGY	116	145		10,495.57	72.38	.060	90.48	4.36	
ROOM USE	352	658		25,721.82	39.09	.273	73.07	10.67	
CROSSOVERS/ALL OTH OUTPTNT	375	934		16,055.37	17.19	.388	42.81	6.66	
@COUNTY HOSPITAL TOTAL	1	17	\$	264.12	\$ 15.54	.007	\$ 264.12	\$.11	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1	17		264.12	15.54	.007	264.12	.11	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	1	10		66.50	6.65	.004	66.50	.03	
RADIOLOGY	1	1		80.02	80.02	.000	80.02	.03	
ROOM USE	1	2		69.30	34.65	.001	69.30	.03	
CROSSOVERS/ALL OTH OUTPTNT	1	4		48.30	12.08	.002	48.30	.02	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 3,095
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL								

	2,410 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	825	3,638	\$	785,114.97	\$ 215.81	1.510	\$ 951.65	\$ 325.77
COMM HOSP INPATIENT TOTAL	202	667		713,104.10	1069.12	.277	3530.22	295.89
HSC HOSPITALS	165	525		563,938.86	1074.17	.218	3417.81	234.00
NON-HSC HOSPITALS TOTAL	40	142		149,165.24	1050.46	.059	3729.13	61.89
ACCOMMODATIONS	40	142		51,893.68	365.45	.059	1297.34	21.53
ADMINISTRATIVE DAYS	1	4		925.20	231.30	.002	925.20	.38
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	39	138		50,968.48	369.34	.057	1306.88	21.15
ANCILLARIES	40	0		97,271.56	.00	.000	2431.79	40.36
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	744	2,971		72,010.87	24.24	1.233	96.79	29.88
MEDICAL	66	81		3,737.70	46.14	.034	56.63	1.55
SURGERY	69	115		3,685.59	32.05	.048	53.41	1.53
PATHOLOGY	359	1,045		12,512.44	11.97	.434	34.85	5.19
RADIOLOGY	115	144		10,415.55	72.33	.060	90.57	4.32
ROOM USE	351	656		25,652.52	39.10	.272	73.08	10.64
CROSSOVERS/ALL OTH OUTPTNT	374	930		16,007.07	17.21	.386	42.80	6.64
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	70	2,833	\$	640,177.69	\$ 225.97	1.176	\$ 9145.40	\$ 265.63
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	16	603		335,479.74	556.35	.250	20967.48	139.20
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	54	2,230		304,697.95	136.64	.925	5642.55	126.43
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$ 29.58	\$ 29.58	.000	\$ 29.58	\$.01
HOSPITAL BASED	1	1	29.58	29.58	.000	29.58	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	367	1,213	\$ 14,658.73	\$ 12.08	.503	\$ 39.94	\$ 6.08
PATHOLOGY	367	1,213	14,658.73	12.08	.503	39.94	6.08
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	469	1,566	\$ 117,222.70	\$ 74.85	.650	\$ 249.94	\$ 48.64
CLINIC	106	614	12,630.96	20.57	.255	119.16	5.24
SURGICENTER	1	7	262.68	37.53	.003	262.68	.11
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	362	945	104,329.06	110.40	.392	288.20	43.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
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2,410 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	282	1,426	\$ 33,907.09	\$ 23.78	.592	\$ 120.24	\$ 14.07
DURABLE MED. EQUIP.	16	17	1,135.76	66.81	.007	70.99	.47
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	77	1,080	11,123.29	10.30	.448	144.46	4.62
AMBULANCES/AIR TRANS	74	1,034	10,971.59	10.61	.429	148.26	4.55
OTHER TRANS	3	45	139.84	3.11	.019	46.61	.06
OTHER SERVICES	1	1	11.86	11.86	.000	11.86	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	3	219.18	73.06	.001	219.18	.09
GENETIC DISEASE TESTING	114	115	11,925.00	103.70	.048	104.61	4.95
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	27	61	582.25	9.55	.025	21.56	.24
PHYSICAL THERAPIST	7	20	1,030.96	51.55	.008	147.28	.43
PORTABLE X-RAY	5	17	357.76	21.04	.007	71.55	.15
PROSTHETIST/ORTHOTISTS	47	96	6,244.58	65.05	.040	132.86	2.59
PROSTHETICS	14	56	2,723.50	48.63	.023	194.54	1.13
ORTHOTICS	38	40	3,521.08	88.03	.017	92.66	1.46
PSYCHOLOGIST	2	6	32.91	5.49	.002	16.46	.01
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	11	1,255.40	114.13	.005	627.70	.52
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	23	226	\$ 136,992.76	\$ 606.16	.094	\$ 5956.21	\$ 56.84
@XOVER EXCLUDING STATE HOSP**	10	27	\$ 321.94	\$ 11.92	.011	\$ 32.19	\$.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
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----- MONTHLY AVERAGE -----

174,652 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	133,775	7,189,067	\$ 109,813,102.43	\$ 15.28	41.162	\$ 820.88	\$ 628.75	
@PHYSICIANS SERVICES	28,221	133,075	\$ 2,040,694.51	\$ 15.33	.762	\$ 72.31	\$ 11.68	
OUTPATIENT VISITS	3,248	4,723	169,714.15	35.93	.027	52.25	.97	
OFFICE VISITS	2,673	3,864	122,502.99	31.70	.022	45.83	.70	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	476	552	40,866.31	74.03	.003	85.85	.23	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	252	307	6,344.85	20.67	.002	25.18	.04	
INPATIENT VISITS	525	2,073	89,936.75	43.38	.012	171.31	.51	
HOSPITAL VISITS	404	1,810	75,342.97	41.63	.010	186.49	.43	
CRITICAL CARE	28	80	8,988.42	112.36	.000	321.02	.05	
SNF/ICF/TRANS IP CARE	121	183	5,605.36	30.63	.001	46.33	.03	
OPHTHALMOLOGICAL SERVICES	352	403	14,051.93	34.87	.002	39.92	.08	
EXAMINATIONS	351	402	14,031.93	34.91	.002	39.98	.08	
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00	
INPATIENT HOSPITAL SURGERY	198	1,486	106,056.63	71.37	.009	535.64	.61	
PRINCIPAL SURGEON	158	343	87,328.32	254.60	.002	552.71	.50	
ASSISTANT SURGEON	28	30	6,404.96	213.50	.000	228.75	.04	
ANESTHESIOLOGIST	48	1,113	12,323.35	11.07	.006	256.74	.07	
OUTPATIENT SURGERY	434	808	133,224.96	164.88	.005	306.97	.76	
PRINCIPAL SURGEON	396	503	126,084.49	250.66	.003	318.40	.72	
ASSISTANT SURGEON	2	2	199.55	99.78	.000	99.78	.00	
ANESTHESIOLOGIST	55	303	6,940.92	22.91	.002	126.20	.04	
DIALYSIS	105	296	33,118.44	111.89	.002	315.41	.19	
PATHOLOGY	1,038	2,786	29,060.38	10.43	.016	28.00	.17	
RADIOLOGY	1,380	3,034	104,683.74	34.50	.017	75.86	.60	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	256	1,700	45,621.90	26.84	.010	178.21	.26	
OTHER SERVICES/ALL X-OVERS	24,276	115,766	1,315,225.63	11.36	.663	54.18	7.53	
@PHARMACY	113,642	3,077,072	\$ 31,159,246.36	\$ 10.13	17.618	\$ 274.19	\$ 178.41	
PRESCRIPTION DRUGS	111,160	480,562	29,552,931.55	61.50	2.752	265.86	169.21	
SNF/ICF	17,214	96,551	5,220,207.95	54.07	.553	303.25	29.89	
OUTPATIENTS	94,785	384,011	24,332,723.60	63.36	2.199	256.71	139.32	
MEDICAL SUPPLIES	17,117	2,596,510	1,606,314.81	.62	14.867	93.84	9.20	
@DENTIST	8,531	36,985	\$ 1,730,702.10	\$ 46.79	.212	\$ 202.87	\$ 9.91	
VISITS - DIAGNOSTIC	5,328	20,671	236,823.90	11.46	.118	44.45	1.36	
ORAL SURGERY	1,407	4,501	232,677.78	51.69	.026	165.37	1.33	
DRUGS	6	7	90.00	12.86	.000	15.00	.00	
ANESTHESIA	16	17	1,500.00	88.24	.000	93.75	.01	
PERIODONTICS	766	806	98,111.75	121.73	.005	128.08	.56	
ENDODONTICS	311	424	91,103.00	214.87	.002	292.94	.52	
RESTORATIVE DENTISTRY	1,831	5,037	402,701.75	79.95	.029	219.94	2.31	
PROSTHETICS	79	85	2,549.80	30.00	.000	32.28	.01	
DENTURES, STAYPLATES	2,058	5,285	663,996.10	125.64	.030	322.64	3.80	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	1	3	1,148.02	382.67	.000	1148.02	.01	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	149	148	.00	.00	.001	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,098
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR ALL AGED							

174,652 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,444	8,878	\$ 173,197.42	\$ 19.51	.051	\$ 50.29	\$.99
DIAGNOSTIC AND ANC. PROCED	759	761	30,705.86	40.35	.004	40.46	.18

EYE APPLIANCES	2,310	6,618		115,846.01		17.50	.038	50.15	.66
OTHER OPTOMETRIC SERVICES	993	1,499		26,645.55		17.78	.009	26.83	.15
@CHIROPRACTOR	80	172	\$	2,217.47	\$	12.89	.001	27.72	.01
VISITS	26	61		1,011.56		16.58	.000	38.91	.01
OTHER SERVICES	59	111		1,205.91		10.86	.001	20.44	.01
@PODIATRIST	3,735	5,351	\$	48,151.36	\$	9.00	.031	12.89	.28
MEDICINE/INJECTIONS	80	87		2,733.87		31.42	.000	34.17	.02
SURGERY/ANES.	9	12		722.27		60.19	.000	80.25	.00
RADIO./PATHOLOGY	9	9		155.70		17.30	.000	17.30	.00
OTHER	3,659	5,243		44,539.52		8.50	.030	12.17	.26
@HOME HEALTH AGENCY	77	604	\$	42,856.39	\$	70.95	.003	556.58	.25
NURSE ANESTHESIST	67	299	\$	2,709.79	\$	9.06	.002	40.44	.02
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	8	9	\$	415.33	\$	46.15	.000	51.92	.00
FAMILY NURSE PRACTITIONER	126	299	\$	4,777.04	\$	15.98	.002	37.91	.03
@TOTAL HOSPITAL	14,148	60,332	\$	8,160,645.46	\$	135.26	.345	576.81	46.73
HOSP INPATIENT TOTAL	2,040	11,877		6,783,689.29		571.16	.068	3325.34	38.84
HSC HOSPITALS	801	5,165		5,191,228.69		1005.08	.030	6480.93	29.72
NON-HSC HOSPITAL TOTAL	107	623		709,298.39		1138.52	.004	6628.96	4.06
ACCOMMODATIONS	107	623		228,666.29		367.04	.004	2137.07	1.31
ADMINISTRATIVE DAYS	38	201		42,082.00		209.36	.001	1107.42	.24
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	69	422		186,584.29		442.14	.002	2704.12	1.07
ANCILLARIES	107	0		480,632.10		.00	.000	4491.89	2.75
INPATIENT CROSSOVERS	1,163	6,089		883,162.21		145.04	.035	759.38	5.06
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13,038	48,455		1,376,956.17		28.42	.277	105.61	7.88
MEDICAL	678	1,203		62,447.15		51.91	.007	92.10	.36
SURGERY	183	197		14,311.64		72.65	.001	78.21	.08
PATHOLOGY	1,111	4,697		54,774.50		11.66	.027	49.30	.31
RADIOLOGY	861	1,688		135,037.29		80.00	.010	156.84	.77
ROOM USE	1,750	2,828		116,520.72		41.20	.016	66.58	.67
CROSSOVERS/ALL OTH OUTPTNT	11,364	37,842		993,864.87		26.26	.217	87.46	5.69
@COUNTY HOSPITAL TOTAL	45	165	\$	23,928.61	\$	145.02	.001	531.75	.14
CO HOSPITAL INPATIENT TOTAL	7	16		18,517.16		1157.32	.000	2645.31	.11
HSC HOSPITALS	7	16		18,517.16		1157.32	.000	2645.31	.11
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	40	149		5,411.45		36.32	.001	135.29	.03
MEDICAL	3	8		298.49		37.31	.000	99.50	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	4	30		360.16		12.01	.000	90.04	.00
RADIOLOGY	2	6		652.31		108.72	.000	326.16	.00
ROOM USE	6	10		367.13		36.71	.000	61.19	.00
CROSSOVERS/ALL OTH OUTPTNT	34	95		3,733.36		39.30	.001	109.80	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR ALL AGED

	174,652 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14,107		60,167	\$ 8,136,716.85	\$ 135.24	.344	\$ 576.79	\$ 46.59
COMM HOSP INPATIENT TOTAL	2,033		11,861	6,765,172.13	570.37	.068	3327.68	38.74
HSC HOSPITALS	794		5,149	5,172,711.53	1004.61	.029	6514.75	29.62

NON-HSC HOSPITALS TOTAL	107	623	709,298.39	1138.52	.004	6628.96	4.06
ACCOMMODATIONS	107	623	228,666.29	367.04	.004	2137.07	1.31
ADMINISTRATIVE DAYS	38	201	42,082.00	209.36	.001	1107.42	.24
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	69	422	186,584.29	442.14	.002	2704.12	1.07
ANCILLARIES	107	0	480,632.10	.00	.000	4491.89	2.75
INPATIENT CROSSOVERS	1,163	6,089	883,162.21	145.04	.035	759.38	5.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13,000	48,306	1,371,544.72	28.39	.277	105.50	7.85
MEDICAL	675	1,195	62,148.66	52.01	.007	92.07	.36
SURGERY	183	197	14,311.64	72.65	.001	78.21	.08
PATHOLOGY	1,107	4,667	54,414.34	11.66	.027	49.15	.31
RADIOLOGY	859	1,682	134,384.98	79.90	.010	156.44	.77
ROOM USE	1,744	2,818	116,153.59	41.22	.016	66.60	.67
CROSSOVERS/ALL OTH OUTPTNT	11,332	37,747	990,131.51	26.23	.216	87.37	5.67
@STATE HOSPITAL	9	248	\$ 113,878.89	\$ 459.19	.001	\$ 12653.21	\$.65

MENTALLY ILL	9	248		113,878.89	459.19	.001	12653.21	.65
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	19,189	574,141	\$	58,797,321.27	\$ 102.41	3.287	\$ 3064.12	\$ 336.65
LEV A-INTERMEDIATE	4	91		7,969.86	87.58	.001	1992.47	.05
LEV B-REHAB MD	6	153		15,180.75	99.22	.001	2530.13	.09
LEV B-SUBACUTE FREESTANDING	47	1,575		514,228.83	326.49	.009	10941.04	2.94
LEV B-SUBACUTE HSPTL BASED	14	492		204,707.24	416.07	.003	14621.95	1.17
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	19,119	571,830		58,055,234.59	101.53	3.274	3036.52	332.41
@INTERMEDIATE CARE FACIL.-DD	41	1,087	\$	154,370.99	\$ 142.02	.006	\$ 3765.15	\$.88
ICF DDH	24	612		74,285.35	121.38	.004	3095.22	.43
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	17	475		80,085.64	168.60	.003	4710.92	.46
@HEMODIALYSIS TOTAL	1,071	6,500	\$	790,865.96	\$ 121.67	.037	\$ 738.44	\$ 4.53
HOSPITAL BASED	25	46		100,774.04	2190.74	.000	4030.96	.58
HEMODIALYSIS CENTER	1,046	6,454		690,091.92	106.92	.037	659.74	3.95
@REHABILITATION FACILITY	20	64	\$	1,865.29	\$ 29.15	.000	\$ 93.26	\$.01
HOSPITAL BASED	20	64		1,865.29	29.15	.000	93.26	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	960	6,128	\$	56,458.59	\$ 9.21	.035	\$ 58.81	\$.32
PATHOLOGY	914	6,017		55,866.57	9.28	.034	61.12	.32
XO AND OTHERS	46	111		592.02	5.33	.001	12.87	.00
@ORGANIZED OUTPATIENT CLINIC	10,408	18,169	\$	676,845.16	\$ 37.25	.104	\$ 65.03	\$ 3.88
CLINIC	115	640		9,899.65	15.47	.004	86.08	.06
SURGICENTER	283	574		49,129.88	85.59	.003	173.60	.28
HEROIN DETOX CLINIC	10	126		1,467.90	11.65	.001	146.79	.01
RURAL HEALTH CLINIC	10,033	16,829		616,347.73	36.62	.096	61.43	3.53
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				----- MONTHLY AVERAGE -----			
174,652 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	23,622	3,259,654	\$ 5,855,883.05	\$ 1.80	18.664	\$ 247.90	\$ 33.53
DURABLE MED. EQUIP.	854	3,643	478,108.36	131.24	.021	559.85	2.74
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	447	515	248,436.87	482.40	.003	555.79	1.42
MEDICAL TRANSPORTATION	4,988	270,193	973,036.26	3.60	1.547	195.08	5.57
AMBULANCES/AIR TRANS	1,406	14,421	205,920.12	14.28	.083	146.46	1.18
OTHER TRANS	2,733	243,644	698,534.23	2.87	1.395	255.59	4.00
OTHER SERVICES	1,270	12,128	68,581.91	5.65	.069	54.00	.39
ACUPUNCTURE	85	184	3,503.36	19.04	.001	41.22	.02
ADULT DAY HEALTH CARE CTR	2,120	32,212	2,234,133.10	69.36	.184	1053.84	12.79
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1,908	7,108	558,293.61	78.54	.041	292.61	3.20
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4,316	9,951	140,069.45	14.08	.057	32.45	.80
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	290	929	5,206.69	5.60	.005	17.95	.03
PROSTHETIST/ORTHOTISTS	487	1,035	30,352.39	29.33	.006	62.33	.17
PROSTHETICS	477	1,024	29,814.02	29.12	.006	62.50	.17
ORTHOTICS	10	11	538.37	48.94	.000	53.84	.00
PSYCHOLOGIST	11	18	258.19	14.34	.000	23.47	.00
SPEECH AND AUDIOLOGY	870	1,703	111,436.32	65.44	.010	128.09	.64
HOSPICE SERVICES	145	2,355	247,867.74	105.25	.013	1709.43	1.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	13	126.90	9.76	.000	25.38	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	9,962	2,929,795		825,053.81		.28	16.775	82.82	4.72
@CALIF. CHILDREN SERVICES*	14	23	\$	1,833.11	\$	79.70	.000	\$ 130.94	\$.01
@XOVER EXCLUDING STATE HOSP**	44,414	829,769	\$	6,705,194.55	\$	8.08	4.751	\$ 150.97	\$ 38.39

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR ALL BLIND

9,598 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	7,689	725,068	\$ 6,362,294.70	\$ 8.77	75.544	\$ 827.45	\$ 662.88
@PHYSICIANS SERVICES	2,762	18,702	\$ 321,100.13	\$ 17.17	1.949	\$ 116.26	\$ 33.45
OUTPATIENT VISITS	1,311	2,040	68,679.21	33.67	.213	52.39	7.16
OFFICE VISITS	1,010	1,460	43,082.78	29.51	.152	42.66	4.49
HOME VISITS	1	1	34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	188	231	15,157.22	65.62	.024	80.62	1.58
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	24	81	2,600.09	32.10	.008	108.34	.27
OTHER OUTPATIENT	205	267	7,804.82	29.23	.028	38.07	.81
INPATIENT VISITS	145	643	31,104.04	48.37	.067	214.51	3.24
HOSPITAL VISITS	109	557	25,265.54	45.36	.058	231.79	2.63
CRITICAL CARE	10	35	4,256.50	121.61	.004	425.65	.44
SNF/ICF/TRANS IP CARE	35	51	1,582.00	31.02	.005	45.20	.16
OPHTHALMOLOGICAL SERVICES	138	169	7,071.33	41.84	.018	51.24	.74
EXAMINATIONS	138	169	7,071.33	41.84	.018	51.24	.74
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	61	199	22,549.85	113.32	.021	369.67	2.35
PRINCIPAL SURGEON	52	83	19,264.56	232.10	.009	370.47	2.01
ASSISTANT SURGEON	3	3	307.64	102.55	.000	102.55	.03
ANESTHESIOLOGIST	12	113	2,977.65	26.35	.012	248.14	.31
OUTPATIENT SURGERY	144	489	45,811.30	93.68	.051	318.13	4.77
PRINCIPAL SURGEON	130	173	41,516.36	239.98	.018	319.36	4.33
ASSISTANT SURGEON	2	2	446.76	223.38	.000	223.38	.05
ANESTHESIOLOGIST	22	314	3,848.18	12.26	.033	174.92	.40
DIALYSIS	54	248	17,305.79	69.78	.026	320.48	1.80
PATHOLOGY	315	699	8,735.10	12.50	.073	27.73	.91
RADIOLOGY	361	715	28,912.62	40.44	.074	80.09	3.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	86	357	3,664.03	10.26	.037	42.61	.38
OTHER SERVICES/ALL X-OVERS	1,353	13,143	87,266.86	6.64	1.369	64.50	9.09
@PHARMACY	6,185	268,969	\$ 2,394,589.62	\$ 8.90	28.023	\$ 387.16	\$ 249.49
PRESCRIPTION DRUGS	5,992	28,563	2,196,678.01	76.91	2.976	366.60	228.87
SNF/ICF	264	1,594	109,252.50	68.54	.166	413.84	11.38
OUTPATIENTS	5,746	26,969	2,087,425.51	77.40	2.810	363.28	217.49
MEDICAL SUPPLIES	1,513	240,406	197,911.61	.82	25.048	130.81	20.62
@DENTIST	564	2,826	\$ 112,001.81	\$ 39.63	.294	\$ 198.58	\$ 11.67
VISITS - DIAGNOSTIC	392	1,748	19,717.55	11.28	.182	50.30	2.05
ORAL SURGERY	96	264	12,527.93	47.45	.028	130.50	1.31
DRUGS	2	3	.00	.00	.000	.00	.00
ANESTHESIA	3	3	200.00	66.67	.000	66.67	.02
PERIODONTICS	72	80	10,349.00	129.36	.008	143.74	1.08
ENDODONTICS	24	32	7,626.00	238.31	.003	317.75	.79
RESTORATIVE DENTISTRY	153	474	38,902.10	82.07	.049	254.26	4.05
PROSTHETICS	5	6	445.00	74.17	.001	89.00	.05
DENTURES, STAYPLATES	68	201	21,912.00	109.01	.021	322.24	2.28
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3	322.23	107.41	.000	107.41	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	11	12	.00	.00	.001	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR ALL BLIND

9,598 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	135	338	\$ 11,282.93	\$ 33.38	.035	\$ 83.58	\$ 1.18
DIAGNOSTIC AND ANC. PROCED	69	75	3,441.10	45.88	.008	49.87	.36
EYE APPLIANCES	94	241	7,554.06	31.34	.025	80.36	.79
OTHER OPTOMETRIC SERVICES	13	22	287.77	13.08	.002	22.14	.03
@CHIROPRACTOR	32	74	\$ 1,228.92	\$ 16.61	.008	\$ 38.40	\$.13
VISITS	32	74	1,228.92	16.61	.008	38.40	.13
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	202	284	\$ 4,704.06	\$ 16.56	.030	\$ 23.29	\$.49
MEDICINE/INJECTIONS	67	76	1,870.24	24.61	.008	27.91	.19
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	2	34.60	17.30	.000	17.30	.00
OTHER	141	206	2,799.22	13.59	.021	19.85	.29
@HOME HEALTH AGENCY	41	175	\$ 12,544.76	\$ 71.68	.018	\$ 305.97	\$ 1.31
NURSE ANESTHESIST	2	25	219.74	8.79	.003	109.87	.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	32	102	\$ 1,324.40	\$ 12.98	.011	\$ 41.39	\$.14
@TOTAL HOSPITAL	1,255	6,765	\$ 1,043,990.62	\$ 154.32	.705	\$ 831.87	\$ 108.77
HOSP INPATIENT TOTAL	167	980	874,221.77	892.06	.102	5234.86	91.08
HSC HOSPITALS	101	618	729,821.68	1180.94	.064	7225.96	76.04
NON-HSC HOSPITAL TOTAL	19	101	107,896.03	1068.28	.011	5678.74	11.24
ACCOMMODATIONS	19	101	33,809.59	334.75	.011	1779.45	3.52
ADMINISTRATIVE DAYS	3	47	10,504.26	223.49	.005	3501.42	1.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	54	23,305.33	431.58	.006	1456.58	2.43
ANCILLARIES	19	0	74,086.44	.00	.000	3899.29	7.72
INPATIENT CROSSOVERS	50	261	36,504.06	139.86	.027	730.08	3.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,179	5,785	169,768.85	29.35	.603	143.99	17.69
MEDICAL	184	354	13,638.49	38.53	.037	74.12	1.42
SURGERY	77	127	5,796.13	45.64	.013	75.27	.60
PATHOLOGY	329	1,554	19,738.28	12.70	.162	59.99	2.06
RADIOLOGY	213	321	30,805.84	95.97	.033	144.63	3.21
ROOM USE	484	788	32,309.88	41.00	.082	66.76	3.37
CROSSOVERS/ALL OTH OUTPTNT	697	2,641	67,480.23	25.55	.275	96.82	7.03
@COUNTY HOSPITAL TOTAL	3	11	\$ 239.25	\$ 21.75	.001	\$ 79.75	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	11	239.25	21.75	.001	79.75	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	47.59	9.52	.001	23.80	.00
RADIOLOGY	1	1	39.72	39.72	.000	39.72	.00
ROOM USE	2	2	85.87	42.94	.000	42.94	.01

9,598 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	1,252	6,754	\$ 1,043,751.37	\$ 154.54	.704	\$ 833.67	\$ 108.75
COMM HOSP INPATIENT TOTAL	167	980	874,221.77	892.06	.102	5234.86	91.08
HSC HOSPITALS	101	618	729,821.68	1180.94	.064	7225.96	76.04
NON-HSC HOSPITALS TOTAL	19	101	107,896.03	1068.28	.011	5678.74	11.24
ACCOMMODATIONS	19	101	33,809.59	334.75	.011	1779.45	3.52
ADMINISTRATIVE DAYS	3	47	10,504.26	223.49	.005	3501.42	1.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	54	23,305.33	431.58	.006	1456.58	2.43
ANCILLARIES	19	0	74,086.44	.00	.000	3899.29	7.72
INPATIENT CROSSOVERS	50	261	36,504.06	139.86	.027	730.08	3.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,176	5,774	169,529.60	29.36	.602	144.16	17.66
MEDICAL	184	354	13,638.49	38.53	.037	74.12	1.42
SURGERY	77	127	5,796.13	45.64	.013	75.27	.60
PATHOLOGY	327	1,549	19,690.69	12.71	.161	60.22	2.05
RADIOLOGY	212	320	30,766.12	96.14	.033	145.12	3.21
ROOM USE	482	786	32,224.01	41.00	.082	66.85	3.36
CROSSOVERS/ALL OTH OUTPTNT	694	2,638	67,414.16	25.56	.275	97.14	7.02
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	268	7,557	\$ 1,086,481.04	\$ 143.77	.787	\$ 4054.03	\$ 113.20
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	398	230,059.63	578.04	.041	25562.18	23.97
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	259	7,159	856,421.41	119.63	.746	3306.65	89.23
@INTERMEDIATE CARE FACIL.-DD	70	2,097	\$ 327,787.34	\$ 156.31	.218	\$ 4682.68	\$ 34.15
ICF DDH	47	1,468	213,806.26	145.64	.153	4549.07	22.28
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	23	629	113,981.08	181.21	.066	4955.70	11.88
@HEMODIALYSIS TOTAL	328	2,220	\$ 243,712.80	\$ 109.78	.231	\$ 743.03	\$ 25.39
HOSPITAL BASED	1	1	192.70	192.70	.000	192.70	.02
HEMODIALYSIS CENTER	328	2,219	243,520.10	109.74	.231	742.44	25.37
@REHABILITATION FACILITY	73	464	\$ 8,073.65	\$ 17.40	.048	\$ 110.60	\$.84
HOSPITAL BASED	20	81	1,987.04	24.53	.008	99.35	.21
INDEPENDENT FACILITY	53	383	6,086.61	15.89	.040	114.84	.63
@LABORATORY FACILITY	279	1,899	\$ 20,086.57	\$ 10.58	.198	\$ 71.99	\$ 2.09
PATHOLOGY	279	1,899	20,086.57	10.58	.198	71.99	2.09
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	724	1,438	\$ 79,420.16	\$ 55.23	.150	\$ 109.70	\$ 8.27
CLINIC	43	224	5,571.42	24.87	.023	129.57	.58
SURGICENTER	28	128	8,447.46	66.00	.013	301.70	.88
HEROIN DETOX CLINIC	3	39	431.34	11.06	.004	143.78	.04
RURAL HEALTH CLINIC	658	1,047	64,969.94	62.05	.109	98.74	6.77

9,598 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	1,688	411,133	\$ 693,746.15	\$ 1.69	42.835	\$ 410.99	\$ 72.28

DURABLE MED. EQUIP.	101	435	110,207.20	253.35	.045	1091.16	11.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	15	22	10,815.79	491.63	.002	721.05	1.13
MEDICAL TRANSPORTATION	473	55,705	187,012.97	3.36	5.804	395.38	19.48
AMBULANCES/AIR TRANS	168	1,410	22,273.47	15.80	.147	132.58	2.32
OTHER TRANS	261	53,671	161,433.74	3.01	5.592	618.52	16.82
OTHER SERVICES	65	624	3,305.76	5.30	.065	50.86	.34
ACUPUNCTURE	2	3	59.47	19.82	.000	29.74	.01
ADULT DAY HEALTH CARE CTR	160	2,409	166,919.56	69.29	.251	1043.25	17.39
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	84	225	22,651.92	100.68	.023	269.67	2.36
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	231	541	23,424.60	43.30	.056	101.41	2.44
PHYSICAL THERAPIST	1	7	325.27	46.47	.001	325.27	.03
PORTABLE X-RAY	9	29	105.35	3.63	.003	11.71	.01
PROSTHETIST/ORTHOTISTS	37	135	9,341.29	69.19	.014	252.47	.97

PROSTHETICS	36	134	9,224.96	68.84	.014	256.25	.96
ORTHOTICS	1	1	116.33	116.33	.000	116.33	.01
PSYCHOLOGIST	1	4	275.41	68.85	.000	275.41	.03
SPEECH AND AUDIOLOGY	52	121	8,469.04	69.99	.013	162.87	.88
HOSPICE SERVICES	2	1	133.62	133.62	.000	66.81	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	192	16,405	74,259.46	4.53	1.709	386.77	7.74
EPSDT SUPPLEMENTAL SERVICE	1	326	9,587.66	29.41	.034	9587.66	1.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	572	334,762	69,842.54	.21	34.878	122.10	7.28
@CALIF. CHILDREN SERVICES*	354	30,312	\$ 441,921.07	\$ 14.58	3.158	\$ 1248.36	\$ 46.04
@XOVER EXCLUDING STATE HOSP**	1,787	41,245	\$ 384,585.20	\$ 9.32	4.297	\$ 215.21	\$ 40.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,105
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED	

322,004 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	278,479	15,859,912	\$ 215,887,347.75	\$ 13.61	49.254	\$ 775.24	\$ 670.45
@PHYSICIANS SERVICES	96,756	510,150	\$ 11,990,761.54	\$ 23.50	1.584	\$ 123.93	\$ 37.24
OUTPATIENT VISITS	56,362	87,624	3,000,197.92	34.24	.272	53.23	9.32
OFFICE VISITS	42,149	59,853	1,764,253.82	29.48	.186	41.86	5.48
HOME VISITS	365	480	19,908.34	41.48	.001	54.54	.06
EMERGENCY ROOM	10,191	13,395	831,817.40	62.10	.042	81.62	2.58
PREVENTIVE CARE	16	16	834.31	52.14	.000	52.14	.00
OB VISITS/COMPRE PERI	529	2,553	69,439.33	27.20	.008	131.27	.22
OTHER OUTPATIENT	8,484	11,327	313,944.72	27.72	.035	37.00	.97
INPATIENT VISITS	6,542	28,699	1,440,187.80	50.18	.089	220.14	4.47
HOSPITAL VISITS	4,815	22,413	994,633.95	44.38	.070	206.57	3.09
CRITICAL CARE	437	2,041	296,815.83	145.43	.006	679.21	.92
SNF/ICF/TRANS IP CARE	1,726	4,245	148,738.02	35.04	.013	86.17	.46
OPHTHALMOLOGICAL SERVICES	1,874	2,225	96,049.21	43.17	.007	51.25	.30
EXAMINATIONS	1,872	2,222	95,879.91	43.15	.007	51.22	.30
SERVICES AND MATERIALS	3	3	169.30	56.43	.000	56.43	.00
INPATIENT HOSPITAL SURGERY	2,476	12,578	1,303,013.63	103.59	.039	526.26	4.05
PRINCIPAL SURGEON	2,027	4,000	1,068,694.87	267.17	.012	527.23	3.32
ASSISTANT SURGEON	237	259	54,701.62	211.20	.001	230.81	.17
ANESTHESIOLOGIST	627	8,319	179,617.14	21.59	.026	286.47	.56
OUTPATIENT SURGERY	5,306	10,995	1,088,272.86	98.98	.034	205.10	3.38
PRINCIPAL SURGEON	4,807	6,242	978,961.30	156.83	.019	203.65	3.04
ASSISTANT SURGEON	29	32	4,302.56	134.46	.000	148.36	.01
ANESTHESIOLOGIST	730	4,721	105,009.00	22.24	.015	143.85	.33
DIALYSIS	732	2,860	219,253.11	76.66	.009	299.53	.68
PATHOLOGY	12,048	29,315	348,474.85	11.89	.091	28.92	1.08
RADIOLOGY	16,194	34,498	1,228,145.97	35.60	.107	75.84	3.81
PSYCHIATRY	31	40	1,088.12	27.20	.000	35.10	.00
IMMUNIZATION AND INJECTION	4,645	46,354	1,044,540.39	22.53	.144	224.87	3.24
OTHER SERVICES/ALL X-OVERS	36,966	254,962	2,221,537.68	8.71	.792	60.10	6.90
@PHARMACY	217,174	6,099,001	\$ 83,498,343.96	\$ 13.69	18.941	\$ 384.48	\$ 259.31
PRESCRIPTION DRUGS	212,344	987,888	76,042,800.30	76.98	3.068	358.11	236.15
SNF/ICF	9,071	55,832	4,519,825.16	80.95	.173	498.27	14.04
OUTPATIENTS	204,000	932,056	71,522,975.14	76.74	2.895	350.60	222.12
MEDICAL SUPPLIES	33,986	5,111,113	7,455,543.66	1.46	15.873	219.37	23.15
@DENTIST	25,514	126,969	\$ 4,962,332.01	\$ 39.08	.394	\$ 194.49	\$ 15.41
VISITS - DIAGNOSTIC	16,914	77,554	867,381.38	11.18	.241	51.28	2.69
ORAL SURGERY	3,979	11,434	646,008.65	56.50	.036	162.35	2.01

DRUGS	184	384	6,369.50	16.59	.001	34.62	.02
ANESTHESIA	168	170	15,850.00	93.24	.001	94.35	.05
PERIODONTICS	3,391	3,661	443,123.65	121.04	.011	130.68	1.38
ENDODONTICS	1,300	1,897	381,163.50	200.93	.006	293.20	1.18
RESTORATIVE DENTISTRY	7,217	21,658	1,598,350.61	73.80	.067	221.47	4.96
PROSTHETICS	220	237	5,697.50	24.04	.001	25.90	.02
DENTURES, STAYPLATES	3,035	8,811	953,303.58	108.19	.027	314.10	2.96
SPACE MAINTAINERS	22	35	3,197.00	91.34	.000	145.32	.01
MAXILLOFACIAL SERVICES	72	84	7,746.64	92.22	.000	107.59	.02
FRACTURES, DISLOCATIONS	2	4	3,200.00	800.00	.000	1600.00	.01
ORTHODONTIC SERVICES	287	371	30,285.00	81.63	.001	105.52	.09
ALL OTHER SERVICES	404	669	655.00	.98	.002	1.62	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,106
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED						

322,004 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6,560	18,646	\$	400,240.20	\$ 21.47	.058	\$ 61.01	\$ 1.24
DIAGNOSTIC AND ANC. PROCED	3,162	3,207		144,972.35	45.20	.010	45.85	.45
EYE APPLIANCES	4,930	14,199		235,006.61	16.55	.044	47.67	.73
OTHER OPTOMETRIC SERVICES	791	1,240		20,261.24	16.34	.004	25.61	.06
@CHIROPRACTOR	1,222	2,217	\$	36,491.75	\$ 16.46	.007	\$ 29.86	\$.11
VISITS	1,160	2,122		35,238.90	16.61	.007	30.38	.11
OTHER SERVICES	66	95		1,252.85	13.19	.000	18.98	.00
@PODIATRIST	5,153	7,167	\$	145,296.98	\$ 20.27	.022	\$ 28.20	\$.45
MEDICINE/INJECTIONS	2,482	2,750		70,223.12	25.54	.009	28.29	.22
SURGERY/ANES.	70	80		6,098.57	76.23	.000	87.12	.02
RADIO./PATHOLOGY	144	178		3,109.84	17.47	.001	21.60	.01
OTHER	2,759	4,159		65,865.45	15.84	.013	23.87	.20
@HOME HEALTH AGENCY	1,254	86,484	\$	2,758,963.16	\$ 31.90	.269	\$ 2200.13	\$ 8.57
NURSE ANESTHESIST	92	535	\$	5,644.21	\$ 10.55	.002	\$ 61.35	\$.02
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	4	8	\$	115.84	\$ 14.48	.000	\$ 28.96	\$.00
FAMILY NURSE PRACTITIONER	1,169	3,119	\$	51,737.97	\$ 16.59	.010	\$ 44.26	\$.16
@TOTAL HOSPITAL	48,129	290,353	\$	46,184,010.11	\$ 159.06	.902	\$ 959.59	\$ 143.43
HOSP INPATIENT TOTAL	5,665	39,079		38,480,336.58	984.68	.121	6792.65	119.50
HSC HOSPITALS	4,157	29,011		34,514,890.69	1189.72	.090	8302.84	107.19
NON-HSC HOSPITAL TOTAL	481	2,824		2,905,179.77	1028.75	.009	6039.87	9.02
ACCOMMODATIONS	480	2,824		941,609.23	333.43	.009	1961.69	2.92
ADMINISTRATIVE DAYS	160	1,385		313,962.43	226.69	.004	1962.27	.98
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	324	1,439		627,646.80	436.17	.004	1937.18	1.95
ANCILLARIES	481	0		1,963,570.54	.00	.000	4082.27	6.10
INPATIENT CROSSOVERS	1,157	7,244		1,060,266.12	146.36	.022	916.39	3.29
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	45,074	251,274		7,703,673.53	30.66	.780	170.91	23.92
MEDICAL	8,536	16,954		814,821.77	48.06	.053	95.46	2.53
SURGERY	2,770	4,208		170,758.35	40.58	.013	61.65	.53
PATHOLOGY	14,456	69,594		842,473.25	12.11	.216	58.28	2.62
RADIOLOGY	9,383	15,993		1,376,228.31	86.05	.050	146.67	4.27
ROOM USE	21,711	36,575		1,511,386.94	41.32	.114	69.61	4.69
CROSSOVERS/ALL OTH OUTPTNT	25,368	107,950		2,988,004.91	27.68	.335	117.79	9.28
@COUNTY HOSPITAL TOTAL	240	1,057	\$	266,706.29	\$ 252.32	.003	\$ 1111.28	\$.83
CO HOSPITAL INPATIENT TOTAL	38	214		234,910.12	1097.71	.001	6181.85	.73
HSC HOSPITALS	36	199		231,914.94	1165.40	.001	6442.08	.72
NON-HSC HOSPITALS TOTAL	1	1		1,315.18	1315.18	.000	1315.18	.00
ACCOMMODATIONS	1	1		231.30	231.30	.000	231.30	.00
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	1,083.88	.00	.000	1083.88	.00
INPATIENT CROSSOVERS	2	14	1,680.00	120.00	.000	840.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	210	843	31,796.17	37.72	.003	151.41	.10
MEDICAL	68	90	3,549.26	39.44	.000	52.20	.01
SURGERY	15	25	563.30	22.53	.000	37.55	.00
PATHOLOGY	64	284	3,734.93	13.15	.001	58.36	.01
RADIOLOGY	50	84	5,567.06	66.27	.000	111.34	.02
ROOM USE	121	151	5,775.57	38.25	.000	47.73	.02
CROSSOVERS/ALL OTH OUTPTNT	106	209	12,606.05	60.32	.001	118.93	.04

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FRESNO COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

					----- MONTHLY AVERAGE -----			
322,004 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	47,947	289,296	\$ 45,917,303.82	\$ 158.72	.898	\$ 957.67	\$ 142.60	
COMM HOSP INPATIENT TOTAL	5,630	38,865	38,245,426.46	984.06	.121	6793.15	118.77	
HSC HOSPITALS	4,123	28,812	34,282,975.75	1189.89	.089	8315.06	106.47	
NON-HSC HOSPITALS TOTAL	480	2,823	2,903,864.59	1028.64	.009	6049.72	9.02	
ACCOMMODATIONS	479	2,823	941,377.93	333.47	.009	1965.30	2.92	
ADMINISTRATIVE DAYS	159	1,384	313,731.13	226.68	.004	1973.15	.97	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	324	1,439	627,646.80	436.17	.004	1937.18	1.95	
ANCILLARIES	480	0	1,962,486.66	.00	.000	4088.51	6.09	
INPATIENT CROSSOVERS	1,155	7,230	1,058,586.12	146.42	.022	916.52	3.29	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	44,914	250,431	7,671,877.36	30.63	.778	170.81	23.83	
MEDICAL	8,471	16,864	811,272.51	48.11	.052	95.77	2.52	
SURGERY	2,755	4,183	170,195.05	40.69	.013	61.78	.53	
PATHOLOGY	14,401	69,310	838,738.32	12.10	.215	58.24	2.60	
RADIOLOGY	9,338	15,909	1,370,661.25	86.16	.049	146.78	4.26	
ROOM USE	21,617	36,424	1,505,611.37	41.34	.113	69.65	4.68	
CROSSOVERS/ALL OTH OUTPTNT	25,280	107,741	2,975,398.86	27.62	.335	117.70	9.24	
@STATE HOSPITAL	28	1,017	\$ 488,441.68	\$ 480.28	.003	\$ 17444.35	\$ 1.52	
MENTALLY ILL	10	325	156,064.78	480.20	.001	15606.48	.48	
DEVELOP. DISABLED	18	692	332,376.90	480.31	.002	18465.38	1.03	
@NURSING FACILITY	5,532	162,851	\$ 25,009,703.58	\$ 153.57	.506	\$ 4520.92	\$ 77.67	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	20	519	60,379.40	116.34	.002	3018.97	.19	
LEV B-SUBACUTE FREESTANDING	208	6,764	2,400,739.10	354.93	.021	11542.01	7.46	
LEV B-SUBACUTE HSPTL BASED	345	11,536	5,407,043.83	468.71	.036	15672.59	16.79	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	4,978	144,032	17,141,541.25	119.01	.447	3443.46	53.23	
@INTERMEDIATE CARE FACIL.-DD	3,363	104,120	\$ 16,136,186.65	\$ 154.98	.323	\$ 4798.15	\$ 50.11	
ICF DDH	1,972	61,353	8,403,796.39	136.97	.191	4261.56	26.10	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	1,391	42,767	7,732,390.26	180.80	.133	5558.87	24.01	
@HEMODIALYSIS TOTAL	3,183	50,756	\$ 3,278,530.44	\$ 64.59	.158	\$ 1030.01	\$ 10.18	
HOSPITAL BASED	81	307	302,761.14	986.19	.001	3737.79	.94	
HEMODIALYSIS CENTER	3,110	50,449	2,975,769.30	58.99	.157	956.84	9.24	
@REHABILITATION FACILITY	2,148	14,356	\$ 275,913.43	\$ 19.22	.045	\$ 128.45	\$.86	
HOSPITAL BASED	970	4,189	116,322.07	27.77	.013	119.92	.36	
INDEPENDENT FACILITY	1,189	10,167	159,591.36	15.70	.032	134.22	.50	
@LABORATORY FACILITY	12,235	76,626	\$ 819,993.84	\$ 10.70	.238	\$ 67.02	\$ 2.55	
PATHOLOGY	12,175	76,460	818,779.27	10.71	.237	67.25	2.54	
XO AND OTHERS	62	166	1,214.57	7.32	.001	19.59	.00	
@ORGANIZED OUTPATIENT CLINIC	29,190	49,471	\$ 3,283,286.22	\$ 66.37	.154	\$ 112.48	\$ 10.20	
CLINIC	1,076	3,368	64,216.49	19.07	.010	59.68	.20	

SURGICENTER	743	3,017	155,640.19	51.59	.009	209.48	.48
HEROIN DETOX CLINIC	184	2,261	25,425.18	11.25	.007	138.18	.08
RURAL HEALTH CLINIC	27,304	40,825	3,038,004.36	74.42	.127	111.27	9.43

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
322,004 ELIGIBLES							
@ALL OTHER PROVIDERS	53,545	8,256,030	\$ 16,560,292.90	\$ 2.01	25.640	\$ 309.28	\$ 51.43
DURABLE MED. EQUIP.	3,702	13,682	3,183,682.87	232.69	.042	859.99	9.89
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	287	372	141,585.32	380.61	.001	493.33	.44
MEDICAL TRANSPORTATION	11,522	451,238	2,313,109.94	5.13	1.401	200.76	7.18
AMBULANCES/AIR TRANS	8,019	82,997	1,184,120.52	14.27	.258	147.66	3.68
OTHER TRANS	2,447	350,663	1,028,277.84	2.93	1.089	420.22	3.19
OTHER SERVICES	1,490	17,578	100,711.58	5.73	.055	67.59	.31
ACUPUNCTURE	378	767	13,935.23	18.17	.002	36.87	.04
ADULT DAY HEALTH CARE CTR	3,927	56,083	3,892,947.51	69.41	.174	991.33	12.09
GENETIC DISEASE TESTING	100	100	10,171.00	101.71	.000	101.71	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	1,340	60,309	1,847,371.44	30.63	.187	1378.64	5.74
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9,739	22,494	305,105.00	13.56	.070	31.33	.95
PHYSICAL THERAPIST	5	31	529.06	17.07	.000	105.81	.00
PORTABLE X-RAY	200	622	11,801.31	18.97	.002	59.01	.04
PROSTHETIST/ORTHOTISTS	1,473	4,654	408,263.52	87.72	.014	277.16	1.27
PROSTHETICS	1,419	4,571	400,719.21	87.67	.014	282.40	1.24
ORTHOTICS	60	83	7,544.31	90.90	.000	125.74	.02
PSYCHOLOGIST	79	258	6,481.85	25.12	.001	82.05	.02
SPEECH AND AUDIOLOGY	2,819	10,968	503,534.84	45.91	.034	178.62	1.56
HOSPICE SERVICES	105	2,149	278,107.02	129.41	.007	2648.64	.86
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9,022	159,392	945,680.34	5.93	.495	104.82	2.94
EPSDT SUPPLEMENTAL SERVICE	108	34,890	853,176.77	24.45	.108	7899.78	2.65
RESPIRATORY CARE PRACT.	36	36	1,061.28	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14,377	7,438,021	1,844,809.88	.25	23.099	128.32	5.73
@CALIF. CHILDREN SERVICES*	10,309	1,095,642	\$ 17,730,838.44	\$ 16.18	3.403	\$ 1719.94	\$ 55.06
@XOVER EXCLUDING STATE HOSP**	44,711	739,186	\$ 6,945,532.49	\$ 9.40	2.296	\$ 155.34	\$ 21.57

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,109
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
471,724 ELIGIBLES							
@TOTAL, ALL PROVIDERS	469,317	2,370,971	\$ 109,949,689.00	\$ 46.37	5.026	\$ 234.28	\$ 233.08
@PHYSICIANS SERVICES	62,890	202,184	\$ 10,231,050.77	\$ 50.60	.429	\$ 162.68	\$ 21.69
OUTPATIENT VISITS	42,631	85,593	2,751,883.93	32.15	.181	64.55	5.83
OFFICE VISITS	17,907	22,310	750,990.91	33.66	.047	41.94	1.59
HOME VISITS	30	35	1,689.26	48.26	.000	56.31	.00
EMERGENCY ROOM	11,388	12,817	698,130.99	54.47	.027	61.30	1.48
PREVENTIVE CARE	188	195	7,923.02	40.63	.000	42.14	.02
OB VISITS/COMPRI PERI	9,445	43,003	1,068,714.01	24.85	.091	113.15	2.27
OTHER OUTPATIENT	6,206	7,233	224,435.74	31.03	.015	36.16	.48
INPATIENT VISITS	5,748	21,482	1,836,438.45	85.49	.046	319.49	3.89
HOSPITAL VISITS	5,262	14,818	730,154.61	49.27	.031	138.76	1.55
CRITICAL CARE	644	6,563	1,102,265.22	167.95	.014	1711.59	2.34

SNF/ICF/TRANS IP CARE	37	101	4,018.62	39.79	.000	108.61	.01
OPHTHALMOLOGICAL SERVICES	785	963	47,144.21	48.96	.002	60.06	.10
EXAMINATIONS	783	960	46,913.30	48.87	.002	59.91	.10
SERVICES AND MATERIALS	3	3	230.91	76.97	.000	76.97	.00
INPATIENT HOSPITAL SURGERY	5,252	20,365	2,909,337.46	142.86	.043	553.95	6.17
PRINCIPAL SURGEON	3,733	4,647	2,396,886.89	515.79	.010	642.08	5.08
ASSISTANT SURGEON	575	579	110,155.02	190.25	.001	191.57	.23
ANESTHESIOLOGIST	1,782	15,139	402,295.55	26.57	.032	225.76	.85
OUTPATIENT SURGERY	4,252	9,503	752,302.40	79.16	.020	176.93	1.59
PRINCIPAL SURGEON	3,551	4,609	622,325.67	135.02	.010	175.25	1.32
ASSISTANT SURGEON	40	40	5,562.35	139.06	.000	139.06	.01
ANESTHESIOLOGIST	1,178	4,854	124,414.38	25.63	.010	105.61	.26
DIALYSIS	117	325	52,109.60	160.34	.001	445.38	.11
PATHOLOGY	8,912	19,157	403,533.17	21.06	.041	45.28	.86
RADIOLOGY	13,549	21,185	768,923.01	36.30	.045	56.75	1.63
PSYCHIATRY	5	6	178.62	29.77	.000	35.72	.00

IMMUNIZATION AND INJECTION	1,241	5,804		162,266.38		27.96	.012	130.75	.34
OTHER SERVICES/ALL X-OVERS	7,998	17,801		546,933.54		30.72	.038	68.38	1.16
@PHARMACY	68,051	271,847	\$	8,153,058.90	\$	29.99	.576	\$ 119.81	\$ 17.28
PRESCRIPTION DRUGS	66,304	150,885		7,089,481.41		46.99	.320	106.92	15.03
SNF/ICF	158	897		94,688.82		105.56	.002	599.30	.20
OUTPATIENTS	66,187	149,988		6,994,792.59		46.64	.318	105.68	14.83
MEDICAL SUPPLIES	4,499	120,962		1,063,577.49		8.79	.256	236.40	2.25
@DENTIST	123,391	792,180	\$	22,614,408.33	\$	28.55	1.679	\$ 183.27	\$ 47.94
VISITS - DIAGNOSTIC	90,408	536,925		6,368,584.09		11.86	1.138	70.44	13.50
ORAL SURGERY	18,644	36,366		2,234,266.35		61.44	.077	119.84	4.74
DRUGS	4,542	6,546		136,395.97		20.84	.014	30.03	.29
ANESTHESIA	1,215	1,249		120,975.00		96.86	.003	99.57	.26
PERIODONTICS	6,786	7,127		846,273.60		118.74	.015	124.71	1.79
ENDODONTICS	9,922	16,722		2,189,077.43		130.91	.035	220.63	4.64
RESTORATIVE DENTISTRY	48,337	167,415		9,336,217.62		55.77	.355	193.15	19.79
PROSTHETICS	375	404		9,255.00		22.91	.001	24.68	.02
DENTURES, STAYPLATES	1,533	6,007		451,886.87		75.23	.013	294.77	.96
SPACE MAINTAINERS	955	1,235		125,667.20		101.75	.003	131.59	.27
MAXILLOFACIAL SERVICES	785	802		81,613.04		101.76	.002	103.97	.17
FRACTURES, DISLOCATIONS	16	21		13,875.53		660.74	.000	867.22	.03
ORTHODONTIC SERVICES	6,898	8,386		690,186.64		82.30	.018	100.06	1.46
ALL OTHER SERVICES	1,922	2,975		10,133.99		3.41	.006	5.27	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 3,110
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES								

471,724 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,760	7,967	\$	190,844.62	\$ 23.95	.017	\$ 69.15	\$.40
DIAGNOSTIC AND ANC. PROCED	2,262	2,276		106,054.14	46.60	.005	46.89	.22
EYE APPLIANCES	1,956	5,637		82,983.83	14.72	.012	42.43	.18
OTHER OPTOMETRIC SERVICES	51	54		1,806.65	33.46	.000	35.42	.00
@CHIROPRACTOR	2,130	3,579	\$	59,420.06	\$ 16.60	.008	\$ 27.90	\$.13
VISITS	2,130	3,579		59,420.06	16.60	.008	27.90	.13
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	153	236	\$	8,995.47	\$ 38.12	.001	\$ 58.79	\$.02
MEDICINE/INJECTIONS	142	156		5,551.52	35.59	.000	39.10	.01
SURGERY/ANES.	8	8		123.00	15.38	.000	15.38	.00
RADIO./PATHOLOGY	15	18		311.40	17.30	.000	20.76	.00
OTHER	26	54		3,009.55	55.73	.000	115.75	.01
@HOME HEALTH AGENCY	309	5,779	\$	204,512.41	\$ 35.39	.012	\$ 661.85	\$.43
NURSE ANESTHESIST	261	1,242	\$	30,182.43	\$ 24.30	.003	\$ 115.64	\$.06
NURSE MIDWIFE	18	40	\$	4,785.87	\$ 119.65	.000	\$ 265.88	\$.01
PEDIATRIC NURSE PRACTITIONER	2	8	\$	163.37	\$ 20.42	.000	\$ 81.69	\$.00
FAMILY NURSE PRACTITIONER	487	887	\$	22,926.00	\$ 25.85	.002	\$ 47.08	\$.05
@TOTAL HOSPITAL	50,686	222,096	\$	44,888,276.47	\$ 202.11	.471	\$ 885.61	\$ 95.16
HOSP INPATIENT TOTAL	6,515	28,093		39,544,894.14	1407.64	.060	6069.82	83.83
HSC HOSPITALS	5,663	25,121		36,138,384.46	1438.57	.053	6381.49	76.61
NON-HSC HOSPITAL TOTAL	876	2,964		3,402,745.94	1148.02	.006	3884.41	7.21
ACCOMMODATIONS	854	2,964		1,170,511.71	394.91	.006	1370.62	2.48
ADMINISTRATIVE DAYS	29	179		41,421.45	231.40	.000	1428.33	.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	825	2,785		1,129,090.26	405.42	.006	1368.59	2.39
ANCILLARIES	874	0		2,232,234.23	.00	.000	2554.04	4.73
INPATIENT CROSSOVERS	5	8		3,763.74	470.47	.000	752.75	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	46,922	194,003		5,343,382.33	27.54	.411	113.88	11.33
MEDICAL	7,696	11,941		514,414.89	43.08	.025	66.84	1.09
SURGERY	3,403	4,821		205,020.04	42.53	.010	60.25	.43
PATHOLOGY	16,824	58,048		787,300.12	13.56	.123	46.80	1.67

RADIOLOGY	8,706	11,774		843,738.54	71.66	.025	96.91	1.79
ROOM USE	31,697	45,394		1,789,862.98	39.43	.096	56.47	3.79
CROSSOVERS/ALL OTH OUTPTNT	22,692	62,025		1,203,045.76	19.40	.131	53.02	2.55
@COUNTY HOSPITAL TOTAL	175	631	\$	140,696.90	\$ 222.97	.001	\$ 803.98	\$.30
CO HOSPITAL INPATIENT TOTAL	23	97		122,589.16	1263.81	.000	5329.96	.26
HSC HOSPITALS	23	97		122,589.16	1263.81	.000	5329.96	.26
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	160	534		18,107.74	33.91	.001	113.17	.04
MEDICAL	35	44		2,000.43	45.46	.000	57.16	.00
SURGERY	9	10		660.54	66.05	.000	73.39	.00
PATHOLOGY	51	195		2,288.71	11.74	.000	44.88	.00
RADIOLOGY	35	47		2,136.29	45.45	.000	61.04	.00
ROOM USE	94	117		4,641.87	39.67	.000	49.38	.01
CROSSOVERS/ALL OTH OUTPTNT	75	121		6,379.90	52.73	.000	85.07	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
FRESNO COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES							

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471,724 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	50,529	221,465	\$ 44,747,579.57	\$ 202.05	.469	\$ 885.58	\$ 94.86
COMM HOSP INPATIENT TOTAL	6,493	27,996	39,422,304.98	1408.14	.059	6071.51	83.57
HSC HOSPITALS	5,641	25,024	36,015,795.30	1439.25	.053	6384.65	76.35
NON-HSC HOSPITALS TOTAL	876	2,964	3,402,745.94	1148.02	.006	3884.41	7.21
ACCOMMODATIONS	854	2,964	1,170,511.71	394.91	.006	1370.62	2.48
ADMINISTRATIVE DAYS	29	179	41,421.45	231.40	.000	1428.33	.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	825	2,785	1,129,090.26	405.42	.006	1368.59	2.39
ANCILLARIES	874	0	2,232,234.23	.00	.000	2554.04	4.73
INPATIENT CROSSOVERS	5	8	3,763.74	470.47	.000	752.75	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	46,776	193,469	5,325,274.59	27.53	.410	113.85	11.29
MEDICAL	7,661	11,897	512,414.46	43.07	.025	66.89	1.09
SURGERY	3,395	4,811	204,359.50	42.48	.010	60.19	.43
PATHOLOGY	16,776	57,853	785,011.41	13.57	.123	46.79	1.66
RADIOLOGY	8,675	11,727	841,602.25	71.77	.025	97.01	1.78
ROOM USE	31,608	45,277	1,785,221.11	39.43	.096	56.48	3.78
CROSSOVERS/ALL OTH OUTPTNT	22,620	61,904	1,196,665.86	19.33	.131	52.90	2.54
@STATE HOSPITAL	15	501	\$ 230,845.60	\$ 460.77	.001	\$ 15389.71	\$.49
MENTALLY ILL	15	501	230,845.60	460.77	.001	15389.71	.49
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	48	1,560	\$ 568,611.38	\$ 364.49	.003	\$ 11846.07	\$ 1.21
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	8	114	57,297.97	502.61	.000	7162.25	.12
LEV B-SUBACUTE HSPTL BASED	22	929	445,773.27	479.84	.002	20262.42	.94
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	19	517	65,540.14	126.77	.001	3449.48	.14
@INTERMEDIATE CARE FACIL.-DD	53	1,803	\$ 399,310.12	\$ 221.47	.004	\$ 7534.15	\$.85
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	53	1,803	399,310.12	221.47	.004	7534.15	.85
@HEMODIALYSIS TOTAL	133	1,425	\$ 296,102.19	\$ 207.79	.003	\$ 2226.33	\$.63

HOSPITAL BASED	74	166		238,894.68	1439.12	.000	3228.31	.51
HEMODIALYSIS CENTER	64	1,259		57,207.51	45.44	.003	893.87	.12
@REHABILITATION FACILITY	921	4,402	\$	113,684.72	\$ 25.83	.009	\$ 123.44	\$.24
HOSPITAL BASED	673	2,696		86,182.25	31.97	.006	128.06	.18
INDEPENDENT FACILITY	249	1,706		27,502.47	16.12	.004	110.45	.06
@LABORATORY FACILITY	9,800	34,274	\$	488,315.18	\$ 14.25	.073	\$ 49.83	\$ 1.04
PATHOLOGY	9,761	34,227		485,518.68	14.19	.073	49.74	1.03
XO AND OTHERS	50	47		2,796.50	59.50	.000	55.93	.01
@ORGANIZED OUTPATIENT CLINIC	130,201	197,038	\$	16,609,403.06	\$ 84.30	.418	\$ 127.57	\$ 35.21
CLINIC	1,672	6,609		153,840.17	23.28	.014	92.01	.33
SURGICENTER	116	625		43,033.00	68.85	.001	370.97	.09
HEROIN DETOX CLINIC	106	1,347		15,317.31	11.37	.003	144.50	.03
RURAL HEALTH CLINIC	128,435	188,457		16,397,212.58	87.01	.400	127.67	34.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 3,112
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FRESNO COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES							

					----- MONTHLY AVERAGE -----			
471,724 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	113,716	621,923	\$ 4,834,792.05	\$ 7.77	1.318	\$ 42.52	\$ 10.25	
DURABLE MED. EQUIP.	552	1,952	208,248.11	106.68	.004	377.26	.44	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	6	29	477.57	16.47	.000	79.60	.00	
MEDICAL TRANSPORTATION	3,480	43,743	560,432.22	12.81	.093	161.04	1.19	
AMBULANCES/AIR TRANS	3,465	43,279	480,673.62	11.11	.092	138.72	1.02	
OTHER TRANS	14	395	975.46	2.47	.001	69.68	.00	
OTHER SERVICES	53	69	78,783.14	1141.78	.000	1486.47	.17	
ACUPUNCTURE	110	228	4,281.90	18.78	.000	38.93	.01	
ADULT DAY HEALTH CARE CTR	31	419	29,171.07	69.62	.001	941.00	.06	
GENETIC DISEASE TESTING	3,642	3,648	376,611.50	103.24	.008	103.41	.80	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	21,375	45,627	433,920.16	9.51	.097	20.30	.92	
PHYSICAL THERAPIST	90	284	15,459.14	54.43	.001	171.77	.03	
PORTABLE X-RAY	2	7	159.20	22.74	.000	79.60	.00	
PROSTHETIST/ORTHOTISTS	1,238	2,699	187,828.57	69.59	.006	151.72	.40	
PROSTHETICS	530	1,800	105,534.74	58.63	.004	199.12	.22	
ORTHOTICS	890	899	82,293.83	91.54	.002	92.46	.17	
PSYCHOLOGIST	209	828	44,277.64	53.48	.002	211.85	.09	
SPEECH AND AUDIOLOGY	71	152	25,727.40	169.26	.000	362.36	.05	
HOSPICE SERVICES	2	8	4,273.40	534.18	.000	2136.70	.01	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	83,979	290,106	2,881,544.91	9.93	.615	34.31	6.11	
EPSDT SUPPLEMENTAL SERVICE	2	474	11,575.08	24.42	.001	5787.54	.02	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	196	231,719	50,804.18	.22	.491	259.21	.11	
@CALIF. CHILDREN SERVICES*	12,707	196,639	\$ 28,555,206.74	\$ 145.22	.417	\$ 2247.20	\$ 60.53	
@XOVER EXCLUDING STATE HOSP**	119	439	\$ 26,486.23	\$ 60.33	.001	\$ 222.57	\$.06	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 3,113
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT							

					----- MONTHLY AVERAGE -----		
30,739 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24,098	197,912	\$ 7,454,775.65	\$ 37.67	6.438	\$ 309.35	\$ 242.52
@PHYSICIANS SERVICES	7,625	22,851	\$ 902,080.91	\$ 39.48	.743	\$ 118.31	\$ 29.35

OUTPATIENT VISITS	5,714	11,687		344,129.83		29.45	.380	60.23	11.20
OFFICE VISITS	3,015	3,687		117,372.80		31.83	.120	38.93	3.82
HOME VISITS	4	4		271.42		67.86	.000	67.86	.01
EMERGENCY ROOM	1,353	1,540		82,185.87		53.37	.050	60.74	2.67
PREVENTIVE CARE	11	11		449.28		40.84	.000	40.84	.01
OB VISITS/COMPRE PERI	1,011	5,583		121,192.38		21.71	.182	119.87	3.94
OTHER OUTPATIENT	711	862		22,658.08		26.29	.028	31.87	.74
INPATIENT VISITS	476	1,482		108,708.70		73.35	.048	228.38	3.54
HOSPITAL VISITS	426	1,144		56,995.26		49.82	.037	133.79	1.85
CRITICAL CARE	32	280		49,896.78		178.20	.009	1559.27	1.62
SNF/ICF/TRANS IP CARE	31	58		1,816.66		31.32	.002	58.60	.06
OPHTHALMOLOGICAL SERVICES	143	159		7,082.74		44.55	.005	49.53	.23
EXAMINATIONS	143	159		7,082.74		44.55	.005	49.53	.23
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	381	1,259		190,151.31		151.03	.041	499.08	6.19
PRINCIPAL SURGEON	258	306		156,828.90		512.51	.010	607.86	5.10
ASSISTANT SURGEON	48	47		8,654.23		184.13	.002	180.30	.28
ANESTHESIOLOGIST	135	906		24,668.18		27.23	.029	182.73	.80
OUTPATIENT SURGERY	522	999		76,353.57		76.43	.032	146.27	2.48
PRINCIPAL SURGEON	462	590		65,327.96		110.73	.019	141.40	2.13
ASSISTANT SURGEON	2	2		258.38		129.19	.000	129.19	.01
ANESTHESIOLOGIST	133	407		10,767.23		26.46	.013	80.96	.35
DIALYSIS	1	3		216.48		72.16	.000	216.48	.01
PATHOLOGY	933	2,043		38,300.77		18.75	.066	41.05	1.25
RADIOLOGY	1,448	2,173		69,486.53		31.98	.071	47.99	2.26
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	156	972		14,983.99		15.42	.032	96.05	.49
OTHER SERVICES/ALL X-OVERS	909	2,074		52,666.99		25.39	.067	57.94	1.71
@PHARMACY	9,720	37,727	\$	1,198,454.46	\$	31.77	1.227	\$ 123.30	\$ 38.99
PRESCRIPTION DRUGS	9,594	23,224		1,062,813.19		45.76	.756	110.78	34.58
SNF/ICF	148	1,209		140,777.12		116.44	.039	951.20	4.58
OUTPATIENTS	9,459	22,015		922,036.07		41.88	.716	97.48	30.00
MEDICAL SUPPLIES	495	14,503		135,641.27		9.35	.472	274.02	4.41
@DENTIST	2,570	16,508	\$	473,648.00	\$	28.69	.537	\$ 184.30	\$ 15.41
VISITS - DIAGNOSTIC	1,965	11,144		142,429.45		12.78	.363	72.48	4.63
ORAL SURGERY	344	775		60,121.25		77.58	.025	174.77	1.96
DRUGS	103	166		2,968.75		17.88	.005	28.82	.10
ANESTHESIA	51	59		4,800.00		81.36	.002	94.12	.16
PERIODONTICS	66	69		7,422.00		107.57	.002	112.45	.24
ENDODONTICS	189	335		47,272.50		141.11	.011	250.12	1.54
RESTORATIVE DENTISTRY	976	3,632		192,018.55		52.87	.118	196.74	6.25
PROSTHETICS	5	5		120.00		24.00	.000	24.00	.00
DENTURES, STAYPLATES	3	20		841.00		42.05	.001	280.33	.03
SPACE MAINTAINERS	11	14		1,324.37		94.60	.000	120.40	.04
MAXILLOFACIAL SERVICES	18	18		1,983.13		110.17	.001	110.17	.06
FRACTURES, DISLOCATIONS	3	6		1,800.00		300.00	.000	600.00	.06
ORTHODONTIC SERVICES	136	165		10,322.00		62.56	.005	75.90	.34
ALL OTHER SERVICES	58	100		225.00		2.25	.003	3.88	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 3,114
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT								

30,739 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	425	1,170	\$ 29,528.74	\$ 25.24	.038	\$ 69.48	\$.96
DIAGNOSTIC AND ANC. PROCED	362	362	17,082.25	47.19	.012	47.19	.56
EYE APPLIANCES	288	804	12,283.80	15.28	.026	42.65	.40
OTHER OPTOMETRIC SERVICES	3	4	162.69	40.67	.000	54.23	.01
@CHIROPRACTOR	19	37	\$ 618.64	\$ 16.72	.001	\$ 32.56	\$.02
VISITS	19	37	618.64	16.72	.001	32.56	.02

OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	27	42	\$	1,528.71	\$	36.40	.001	\$ 56.62	\$	.05
MEDICINE/INJECTIONS	24	28		971.68		34.70	.001	40.49		.03
SURGERY/ANES.	2	2		108.14		54.07	.000	54.07		.00
RADIO./PATHOLOGY	2	4		69.20		17.30	.000	34.60		.00
OTHER	4	8		379.69		47.46	.000	94.92		.01
@HOME HEALTH AGENCY	47	1,275	\$	40,942.08	\$	32.11	.041	\$ 871.11	\$	1.33
NURSE ANESTHESIST	13	70	\$	1,473.27	\$	21.05	.002	\$ 113.33	\$	.05
NURSE MIDWIFE	2	3	\$	1,381.82	\$	460.61	.000	\$ 690.91	\$	.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	299	541	\$	11,060.08	\$	20.44	.018	\$ 36.99	\$	.36
@TOTAL HOSPITAL	4,358	17,418	\$	3,074,528.59	\$	176.51	.567	\$ 705.49	\$	100.02
HOSP INPATIENT TOTAL	493	2,005		2,679,612.14		1336.46	.065	5435.32		87.17
HSC HOSPITALS	440	1,812		2,472,062.15		1364.27	.059	5618.32		80.42
NON-HSC HOSPITAL TOTAL	56	193		207,549.99		1075.39	.006	3706.25		6.75
ACCOMMODATIONS	56	193		74,977.08		388.48	.006	1338.88		2.44

ADMINISTRATIVE DAYS	1	4	925.20	231.30	.000	925.20	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	55	189	74,051.88	391.81	.006	1346.40	2.41
ANCILLARIES	56	0	132,572.91	.00	.000	2367.37	4.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,057	15,413	394,916.45	25.62	.501	97.34	12.85
MEDICAL	740	1,095	41,388.04	37.80	.036	55.93	1.35
SURGERY	356	507	16,295.71	32.14	.016	45.77	.53
PATHOLOGY	1,347	4,759	56,480.73	11.87	.155	41.93	1.84
RADIOLOGY	834	1,127	66,434.78	58.95	.037	79.66	2.16
ROOM USE	2,824	3,947	153,405.86	38.87	.128	54.32	4.99
CROSSOVERS/ALL OTH OUTPTNT	1,600	3,978	60,911.33	15.31	.129	38.07	1.98
@COUNTY HOSPITAL TOTAL	17	83	\$ 10,539.18	\$ 126.98	.003	\$ 619.95	\$.34
CO HOSPITAL INPATIENT TOTAL	3	7	8,625.02	1232.15	.000	2875.01	.28
HSC HOSPITALS	3	7	8,625.02	1232.15	.000	2875.01	.28
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	76	1,914.16	25.19	.002	127.61	.06
MEDICAL	5	8	241.13	30.14	.000	48.23	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	26	297.29	11.43	.001	59.46	.01
RADIOLOGY	4	6	186.89	31.15	.000	46.72	.01
ROOM USE	14	23	886.92	38.56	.001	63.35	.03
CROSSOVERS/ALL OTH OUTPTNT	6	13	301.93	23.23	.000	50.32	.01

#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

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30,739 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,342	17,335	\$ 3,063,989.41	\$ 176.75	.564	\$ 705.66	\$ 99.68
COMM HOSP INPATIENT TOTAL	490	1,998	2,670,987.12	1336.83	.065	5450.99	86.89
HSC HOSPITALS	437	1,805	2,463,437.13	1364.79	.059	5637.16	80.14
NON-HSC HOSPITALS TOTAL	56	193	207,549.99	1075.39	.006	3706.25	6.75
ACCOMMODATIONS	56	193	74,977.08	388.48	.006	1338.88	2.44
ADMINISTRATIVE DAYS	1	4	925.20	231.30	.000	925.20	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	55	189	74,051.88	391.81	.006	1346.40	2.41
ANCILLARIES	56	0	132,572.91	.00	.000	2367.37	4.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,043	15,337	393,002.29	25.62	.499	97.21	12.79
MEDICAL	735	1,087	41,146.91	37.85	.035	55.98	1.34
SURGERY	356	507	16,295.71	32.14	.016	45.77	.53
PATHOLOGY	1,342	4,733	56,183.44	11.87	.154	41.87	1.83
RADIOLOGY	830	1,121	66,247.89	59.10	.036	79.82	2.16
ROOM USE	2,811	3,924	152,518.94	38.87	.128	54.26	4.96
CROSSOVERS/ALL OTH OUTPTNT	1,594	3,965	60,609.40	15.29	.129	38.02	1.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	70	2,833	\$ 640,177.69	\$ 225.97	.092	\$ 9145.40	\$ 20.83
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	16	603	335,479.74	556.35	.020	20967.48	10.91
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	54	2,230	304,697.95	136.64	.073	5642.55	9.91
@INTERMEDIATE CARE FACIL.-DD	3	57	\$ 10,419.03	\$ 182.79	.002	\$ 3473.01	\$.34
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	3	57	10,419.03	182.79	.002	3473.01	.34
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	92	372	\$ 9,460.42	\$ 25.43	.012	\$ 102.83	\$.31
HOSPITAL BASED	76	232	7,124.84	30.71	.008	93.75	.23
INDEPENDENT FACILITY	16	140	2,335.58	16.68	.005	145.97	.08
@LABORATORY FACILITY	1,041	3,230	\$ 44,320.06	\$ 13.72	.105	\$ 42.57	\$ 1.44
PATHOLOGY	1,041	3,229	44,260.56	13.71	.105	42.52	1.44
XO AND OTHERS	1	1	59.50	59.50	.000	59.50	.00
@ORGANIZED OUTPATIENT CLINIC	5,545	8,978	\$ 828,324.12	\$ 92.26	.292	\$ 149.38	\$ 26.95
CLINIC	357	1,531	31,148.51	20.35	.050	87.25	1.01
SURGICENTER	23	135	5,083.84	37.66	.004	221.04	.17
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5,171	7,312	792,091.77	108.33	.238	153.18	25.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,116
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FRESNO COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT						

	30,739 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,883		84,800	\$ 186,829.03	\$ 2.20	2.759	\$ 99.22	\$ 6.08
DURABLE MED. EQUIP.	41		62	21,064.47	339.75	.002	513.77	.69
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	445		5,304	67,388.19	12.71	.173	151.43	2.19
AMBULANCES/AIR TRANS	441		5,254	60,224.95	11.46	.171	136.56	1.96
OTHER TRANS	3		45	139.84	3.11	.001	46.61	.00
OTHER SERVICES	5		5	7,023.40	1404.68	.000	1404.68	.23
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	3		7	510.36	72.91	.000	170.12	.02
GENETIC DISEASE TESTING	271		273	28,362.50	103.89	.009	104.66	.92
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	587		1,293	11,496.06	8.89	.042	19.58	.37
PHYSICAL THERAPIST	7		20	1,030.96	51.55	.001	147.28	.03
PORTABLE X-RAY	5		17	357.76	21.04	.001	71.55	.01
PROSTHETIST/ORTHOTISTS	75		159	11,554.53	72.67	.005	154.06	.38
PROSTHETICS	28		104	6,706.39	64.48	.003	239.51	.22
ORTHOTICS	53		55	4,848.14	88.15	.002	91.47	.16
PSYCHOLOGIST	17		60	3,347.36	55.79	.002	196.90	.11
SPEECH AND AUDIOLOGY	5		8	1,072.90	134.11	.000	214.58	.03
HOSPICE SERVICES	2		11	1,255.40	114.13	.000	627.70	.04
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	395		2,501	16,373.50	6.55	.081	41.45	.53
EPSDT SUPPLEMENTAL SERVICE	2		521	13,183.01	25.30	.017	6591.51	.43
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	76		74,564	9,832.03	.13	2.426	129.37	.32
@CALIF. CHILDREN SERVICES*	573		14,053	\$ 1,720,492.95	\$ 122.43	.457	\$ 3002.61	\$ 55.97
@XOVER EXCLUDING STATE HOSP**	10		27	\$ 321.94	\$ 11.92	.001	\$ 32.19	\$.01
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;								

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
FRESNO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS

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AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL

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FRESNO COUNTY

SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,121
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES 73				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00	
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,122
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						
				AID CODES 73			
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,123
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,124

MOP024
FRESNO COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
FRESNO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS

PAGE 3,125
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,126
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,127
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 FRESNO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

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FRESNO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,129
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F	

21,505 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,420	60,864	\$ 5,197,206.98	\$ 85.39	2.830	\$ 617.25	\$ 241.67
@PHYSICIANS SERVICES	4,166	18,597	\$ 905,824.17	\$ 48.71	.865	\$ 217.43	\$ 42.12
OUTPATIENT VISITS	2,468	9,752	223,703.47	22.94	.453	90.64	10.40
OFFICE VISITS	197	223	8,558.67	38.38	.010	43.45	.40
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	418	462	26,669.80	57.73	.021	63.80	1.24

PREVENTIVE CARE	6	6	273.41	45.57	.000	45.57	.01
OB VISITS/COMPRE PERI	1,776	8,781	181,945.82	20.72	.408	102.45	8.46
OTHER OUTPATIENT	248	280	6,255.77	22.34	.013	25.22	.29
INPATIENT VISITS	677	1,519	81,944.13	53.95	.071	121.04	3.81
HOSPITAL VISITS	662	1,337	58,579.57	43.81	.062	88.49	2.72
CRITICAL CARE	21	182	23,364.56	128.38	.008	1112.60	1.09
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	164.66	54.89	.000	54.89	.01
EXAMINATIONS	3	3	164.66	54.89	.000	54.89	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	804	2,967	417,335.80	140.66	.138	519.07	19.41
PRINCIPAL SURGEON	576	608	351,451.41	578.05	.028	610.16	16.34
ASSISTANT SURGEON	102	101	18,727.32	185.42	.005	183.60	.87
ANESTHESIOLOGIST	270	2,258	47,157.07	20.88	.105	174.66	2.19
OUTPATIENT SURGERY	236	437	32,071.50	73.39	.020	135.90	1.49
PRINCIPAL SURGEON	210	299	28,360.87	94.85	.014	135.05	1.32

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	52	138		3,710.63	26.89	.006	71.36	.17
DIALYSIS	20	73		6,386.53	87.49	.003	319.33	.30
PATHOLOGY	781	1,556		42,287.49	27.18	.072	54.15	1.97
RADIOLOGY	1,214	1,675		79,258.08	47.32	.078	65.29	3.69
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	62	80		2,758.83	34.49	.004	44.50	.13
OTHER SERVICES/ALL X-OVERS	383	535		19,913.68	37.22	.025	51.99	.93
@PHARMACY	3,274	7,993	\$	225,097.41	28.16	.372	68.75	10.47
PRESCRIPTION DRUGS	3,150	7,118		205,911.59	28.93	.331	65.37	9.58
SNF/ICF	10	56		8,221.78	146.82	.003	822.18	.38
OUTPATIENTS	3,140	7,062		197,689.81	27.99	.328	62.96	9.19
MEDICAL SUPPLIES	262	875		19,185.82	21.93	.041	73.23	.89
@DENTIST	88	231	\$	3,674.75	15.91	.011	41.76	.17
VISITS - DIAGNOSTIC	76	134		1,307.75	9.76	.006	17.21	.06
ORAL SURGERY	35	63		2,057.00	32.65	.003	58.77	.10
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.00
PERIODONTICS	5	6		110.00	18.33	.000	22.00	.01
ENDODONTICS	2	4		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	17		.00	.00	.001	.00	.00
PROSTHETICS	1	1		50.00	50.00	.000	50.00	.00
DENTURES, STAYPLATES	1	1		50.00	50.00	.000	50.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

PAGE 3,130 01/29/04

21,505 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	19	31	\$ 1,839.07	\$ 59.32	.001	\$ 96.79	\$.09
NURSE ANESTHESIST	58	337	\$ 7,494.42	\$ 22.24	.016	\$ 129.21	\$.35
NURSE MIDWIFE	4	12	\$ 455.12	\$ 37.93	.001	\$ 113.78	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3,788	21,128	\$ 3,246,138.86	\$ 153.64	.982	\$ 856.95	\$ 150.95
HOSP INPATIENT TOTAL	769	2,566	2,831,687.82	1103.54	.119	3682.30	131.68
HSC HOSPITALS	609	1,974	2,204,623.75	1116.83	.092	3620.07	102.52
NON-HSC HOSPITAL TOTAL	168	592	627,064.07	1059.23	.028	3732.52	29.16
ACCOMMODATIONS	164	592	229,620.15	387.87	.028	1400.12	10.68
ADMINISTRATIVE DAYS	2	15	3,469.50	231.30	.001	1734.75	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	162	577	226,150.65	391.94	.027	1395.99	10.52
ANCILLARIES	168	0	397,443.92	.00	.000	2365.74	18.48

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	1	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,483	18,562	414,451.04	22.33	.863	118.99	19.27
MEDICAL	281	391	17,567.29	44.93	.018	62.52	.82
SURGERY	190	336	9,563.00	28.46	.016	50.33	.44
PATHOLOGY	1,619	5,022	68,089.21	13.56	.234	42.06	3.17
RADIOLOGY	490	770	51,808.89	67.28	.036	105.73	2.41
ROOM USE	2,187	3,630	135,888.85	37.43	.169	62.13	6.32
CROSSOVERS/ALL OTH OUTPTNT	1,908	8,413	131,533.80	15.63	.391	68.94	6.12
@COUNTY HOSPITAL TOTAL	17	46	\$ 12,395.42	\$ 269.47	.002	\$ 729.14	\$.58
CO HOSPITAL INPATIENT TOTAL	3	9	11,241.06	1249.01	.000	3747.02	.52
HSC HOSPITALS	3	9	11,241.06	1249.01	.000	3747.02	.52
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	37	1,154.36	31.20	.002	82.45	.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	15	229.72	15.31	.001	76.57	.01
RADIOLOGY	2	2	164.44	82.22	.000	82.22	.01
ROOM USE	12	15	563.44	37.56	.001	46.95	.03
CROSSOVERS/ALL OTH OUTPTNT	3	5	196.76	39.35	.000	65.59	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,131
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FRESNO COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F						

	21,505 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,772	21,082	\$	3,233,743.44	\$ 153.39	.980	\$ 857.30	\$ 150.37
COMM HOSP INPATIENT TOTAL	766	2,557		2,820,446.76	1103.03	.119	3682.05	131.15
HSC HOSPITALS	606	1,965		2,193,382.69	1116.23	.091	3619.44	101.99
NON-HSC HOSPITALS TOTAL	168	592		627,064.07	1059.23	.028	3732.52	29.16
ACCOMMODATIONS	164	592		229,620.15	387.87	.028	1400.12	10.68
ADMINISTRATIVE DAYS	2	15		3,469.50	231.30	.001	1734.75	.16
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	162	577		226,150.65	391.94	.027	1395.99	10.52
ANCILLARIES	168	0		397,443.92	.00	.000	2365.74	18.48
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	1	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,470	18,525		413,296.68	22.31	.861	119.11	19.22
MEDICAL	281	391		17,567.29	44.93	.018	62.52	.82
SURGERY	190	336		9,563.00	28.46	.016	50.33	.44
PATHOLOGY	1,616	5,007		67,859.49	13.55	.233	41.99	3.16
RADIOLOGY	488	768		51,644.45	67.25	.036	105.83	2.40
ROOM USE	2,176	3,615		135,325.41	37.43	.168	62.19	6.29
CROSSOVERS/ALL OTH OUTPTNT	1,905	8,408		131,337.04	15.62	.391	68.94	6.11
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	64	\$	7,721.71	\$ 120.65	.003	\$ 3860.86	\$.36
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

LEV B-REGULAR	2	64		7,721.71	120.65	.003	3860.86	.36	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	28	1,227	\$	66,617.08	54.29	.057	2379.18	3.10	
HOSPITAL BASED	4	13		16,599.37	1276.87	.001	4149.84	.77	
HEMODIALYSIS CENTER	25	1,214		50,017.71	41.20	.056	2000.71	2.33	
@REHABILITATION FACILITY	14	69	\$	1,464.67	21.23	.003	104.62	.07	
HOSPITAL BASED	9	39		997.43	25.58	.002	110.83	.05	
INDEPENDENT FACILITY	5	30		467.24	15.57	.001	93.45	.02	
@LABORATORY FACILITY	1,020	3,118	\$	44,967.02	14.42	.145	44.09	2.09	
PATHOLOGY	1,015	3,113		44,669.52	14.35	.145	44.01	2.08	
XO AND OTHERS	6	5		297.50	59.50	.000	49.58	.01	
@ORGANIZED OUTPATIENT CLINIC	1,890	5,098	\$	584,931.80	114.74	.237	309.49	27.20	
CLINIC	60	246		7,232.75	29.40	.011	120.55	.34	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	1,839	4,852		577,699.05	119.06	.226	314.14	26.86	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 3,132
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F								

	21,505 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	786	2,959	\$	100,980.90	\$ 34.13	.138	\$ 128.47	\$ 4.70
DURABLE MED. EQUIP.	70	79		7,501.88	94.96	.004	107.17	.35
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	161	2,027		24,983.09	12.33	.094	155.17	1.16
AMBULANCES/AIR TRANS	161	2,025		21,908.09	10.82	.094	136.08	1.02
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		3,075.00	1537.50	.000	1537.50	.14
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	369	371		38,362.00	103.40	.017	103.96	1.78
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	23	68		4,035.08	59.34	.003	175.44	.19
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	226	414		26,098.85	63.04	.019	115.48	1.21
PROSTHETICS	61	209		7,410.16	35.46	.010	121.48	.34
ORTHOTICS	199	205		18,688.69	91.16	.010	93.91	.87
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	126	1,227	\$	398,872.61	\$ 325.08	.057	\$ 3165.66	\$ 18.55
@XOVER EXCLUDING STATE HOSP**	6	75	\$	4,589.24	\$ 61.19	.003	\$ 764.87	\$.21

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,133
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FRESNO COUNTY

SUMMARY OF SERVICES FOR REFUGEES

AID CODES 01 02 08 0A

146 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	195	4,935	\$ 56,128.85	\$ 11.37	33.801	\$ 287.84	\$ 384.44
@PHYSICIANS SERVICES	79	286	\$ 11,289.84	\$ 39.47	1.959	\$ 142.91	\$ 77.33
OUTPATIENT VISITS	59	94	3,688.58	39.24	.644	62.52	25.26
OFFICE VISITS	58	92	3,619.60	39.34	.630	62.41	24.79
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	68.98	34.49	.014	34.49	.47
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	13	13	685.41	52.72	.089	52.72	4.69
EXAMINATIONS	13	13	685.41	52.72	.089	52.72	4.69
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	6	878.69	146.45	.041	219.67	6.02
PRINCIPAL SURGEON	4	6	878.69	146.45	.041	219.67	6.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	16	20	208.35	10.42	.137	13.02	1.43
RADIOLOGY	21	37	1,955.47	52.85	.253	93.12	13.39
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	13	320.54	24.66	.089	45.79	2.20
OTHER SERVICES/ALL X-OVERS	31	103	3,552.80	34.49	.705	114.61	24.33
@PHARMACY	34	3,616	\$ 5,204.00	\$ 1.44	24.767	\$ 153.06	\$ 35.64
PRESCRIPTION DRUGS	32	121	4,753.51	39.29	.829	148.55	32.56
SNF/ICF	1	12	1,073.60	89.47	.082	1073.60	7.35
OUTPATIENTS	31	109	3,679.91	33.76	.747	118.71	25.20
MEDICAL SUPPLIES	4	3,495	450.49	.13	23.938	112.62	3.09
@DENTIST	51	270	\$ 16,963.00	\$ 62.83	1.849	\$ 332.61	\$ 116.18
VISITS - DIAGNOSTIC	34	95	2,531.00	26.64	.651	74.44	17.34
ORAL SURGERY	7	15	1,136.00	75.73	.103	162.29	7.78
DRUGS	1	3	45.00	15.00	.021	45.00	.31
ANESTHESIA	1	1	100.00	100.00	.007	100.00	.68
PERIODONTICS	6	6	966.00	161.00	.041	161.00	6.62
ENDODONTICS	9	19	5,115.00	269.21	.130	568.33	35.03
RESTORATIVE DENTISTRY	26	118	6,564.00	55.63	.808	252.46	44.96
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	12	506.00	42.17	.082	168.67	3.47
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.007	.00	.00

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MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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AID CODES 01 02 08 0A

146 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAYMONTHLY AVERAGE
UNITS/DAYS
PER ELIGCOST PER
USERCOST PER
ELIGIBLE

@OPTOMETRIST	4	10	\$	296.02	\$	29.60	.068	\$	74.01	\$	2.03
DIAGNOSTIC AND ANC. PROCED	4	4		189.80		47.45	.027		47.45		1.30
EYE APPLIANCES	2	6		106.22		17.70	.041		53.11		.73
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3	3	\$	402.11	\$	134.04	.021	\$	134.04	\$	2.75
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	3		402.11		134.04	.021		134.04		2.75
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	2		370.18		185.09	.014		185.09		2.54
ROOM USE	1	1		31.93		31.93	.007		31.93		.22
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
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FRESNO COUNTY	SUMMARY OF SERVICES FOR REFUGEES										AID CODES 01 02 08 0A

146 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	3	\$ 402.11	\$ 134.04	.021	\$ 134.04	\$ 2.75
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	3	402.11	134.04	.021	134.04	2.75
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	370.18	185.09	.014	185.09	2.54
ROOM USE	1	1	31.93	31.93	.007	31.93	.22

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1	92	\$	10,984.52	\$	119.40	.630	\$ 10984.52	\$ 75.24
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1	92		10,984.52		119.40	.630	10984.52	75.24
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	45	360	\$	4,133.47	\$	11.48	2.466	\$ 91.85	\$ 28.31
PATHOLOGY	45	360		4,133.47		11.48	2.466	91.85	28.31
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	56	253	\$	6,377.34	\$	25.21	1.733	\$ 113.88	\$ 43.68
CLINIC	55	246		6,044.00		24.57	1.685	109.89	41.40
SURGICENTER	1	6		188.21		31.37	.041	188.21	1.29
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		145.13		145.13	.007	145.13	.99
#CALIF DEPT OF HEALTH SERV									
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146 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
					AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	20	45	\$	478.55	\$ 10.63	.308	\$ 23.93	\$ 3.28
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	20	45		478.55	10.63	.308	23.93	3.28
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,137
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FRESNO COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL	AID CODES 0M 0N 0P

858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,130	36,418	\$ 1,262,249.72	\$ 34.66	42.445	\$ 1117.04	\$ 1471.15
@PHYSICIANS SERVICES	787	18,154	\$ 576,431.29	\$ 31.75	21.159	\$ 732.44	\$ 671.83
OUTPATIENT VISITS	508	990	29,698.25	30.00	1.154	58.46	34.61
OFFICE VISITS	416	805	22,704.85	28.20	.938	54.58	26.46
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	45	57	3,706.56	65.03	.066	82.37	4.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7	30	1,215.48	40.52	.035	173.64	1.42
OTHER OUTPATIENT	85	98	2,071.36	21.14	.114	24.37	2.41
INPATIENT VISITS	25	87	3,960.05	45.52	.101	158.40	4.62
HOSPITAL VISITS	24	82	3,526.95	43.01	.096	146.96	4.11
CRITICAL CARE	2	4	361.00	90.25	.005	180.50	.42
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.001	72.10	.08
OPHTHALMOLOGICAL SERVICES	5	6	266.83	44.47	.007	53.37	.31
EXAMINATIONS	5	6	266.83	44.47	.007	53.37	.31
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	84	403	33,765.60	83.79	.470	401.97	39.35
PRINCIPAL SURGEON	61	87	27,704.12	318.44	.101	454.17	32.29
ASSISTANT SURGEON	9	10	1,184.68	118.47	.012	131.63	1.38
ANESTHESIOLOGIST	25	306	4,876.80	15.94	.357	195.07	5.68
OUTPATIENT SURGERY	96	333	22,442.95	67.40	.388	233.78	26.16
PRINCIPAL SURGEON	75	99	18,054.88	182.37	.115	240.73	21.04
ASSISTANT SURGEON	1	1	141.10	141.10	.001	141.10	.16
ANESTHESIOLOGIST	27	233	4,246.97	18.23	.272	157.30	4.95
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	358	2,391	27,877.42	11.66	2.787	77.87	32.49
RADIOLOGY	330	979	49,610.40	50.67	1.141	150.33	57.82
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	156	11,987	380,256.11	31.72	13.971	2437.54	443.19
OTHER SERVICES/ALL X-OVERS	171	978	28,553.68	29.20	1.140	166.98	33.28
@PHARMACY	690	2,858	\$ 179,841.86	\$ 62.93	3.331	\$ 260.64	\$ 209.61
PRESCRIPTION DRUGS	679	2,258	176,590.40	78.21	2.632	260.07	205.82
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	679	2,258	176,590.40	78.21	2.632	260.07	205.82
MEDICAL SUPPLIES	49	600	3,251.46	5.42	.699	66.36	3.79
@DENTIST	62	300	\$ 15,724.25	\$ 52.41	.350	\$ 253.62	\$ 18.33
VISITS - DIAGNOSTIC	40	157	2,490.25	15.86	.183	62.26	2.90
ORAL SURGERY	20	51	2,571.00	50.41	.059	128.55	3.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	6	6	973.00	162.17	.007	162.17	1.13
ENDODONTICS	4	5	1,395.00	279.00	.006	348.75	1.63
RESTORATIVE DENTISTRY	22	64	5,293.00	82.70	.075	240.59	6.17
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	17	3,002.00	176.59	.020	500.33	3.50
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
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FRESNO COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P						
					----- MONTHLY AVERAGE -----		
858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	33	107 \$	2,575.80	\$ 24.07	.125	\$ 78.05	\$ 3.00
DIAGNOSTIC AND ANC. PROCED	26	26	1,208.84	46.49	.030	46.49	1.41
EYE APPLIANCES	29	81	1,366.96	16.88	.094	47.14	1.59
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	4	5 \$	83.60	\$ 16.72	.006	\$ 20.90	\$.10
VISITS	4	5	83.60	16.72	.006	20.90	.10
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	17 \$	647.82	\$ 38.11	.020	\$ 64.78	\$.76
MEDICINE/INJECTIONS	9	10	306.40	30.64	.012	34.04	.36
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	3	51.90	17.30	.003	25.95	.06
OTHER	2	4	289.52	72.38	.005	144.76	.34
@HOME HEALTH AGENCY	22	200 \$	13,778.88	\$ 68.89	.233	\$ 626.31	\$ 16.06
NURSE ANESTHESIST	2	26 \$	364.10	\$ 14.00	.030	\$ 182.05	\$.42
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	561	5,298 \$	418,479.78	\$ 78.99	6.175	\$ 745.95	\$ 487.74
HOSP INPATIENT TOTAL	53	178	197,074.48	1107.16	.207	3718.39	229.69
HSC HOSPITALS	50	173	180,435.00	1042.98	.202	3608.70	210.30
NON-HSC HOSPITAL TOTAL	3	5	16,639.48	3327.90	.006	5546.49	19.39
ACCOMMODATIONS	3	5	1,760.94	352.19	.006	586.98	2.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	5	1,760.94	352.19	.006	586.98	2.05
ANCILLARIES	3	0	14,878.54	.00	.000	4959.51	17.34
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	547	5,120	221,405.30	43.24	5.967	404.76	258.05
MEDICAL	92	155	9,916.65	63.98	.181	107.79	11.56
SURGERY	46	47	3,946.61	83.97	.055	85.80	4.60
PATHOLOGY	248	874	10,096.17	11.55	1.019	40.71	11.77
RADIOLOGY	290	1,317	112,789.34	85.64	1.535	388.93	131.46
ROOM USE	309	638	27,672.11	43.37	.744	89.55	32.25
CROSSOVERS/ALL OTH OUTPTNT	230	2,089	56,984.42	27.28	2.435	247.76	66.42
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,139
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

	858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	561	5,298	\$	418,479.78	\$ 78.99	6.175	\$ 745.95	\$ 487.74
COMM HOSP INPATIENT TOTAL	53	178		197,074.48	1107.16	.207	3718.39	229.69
HSC HOSPITALS	50	173		180,435.00	1042.98	.202	3608.70	210.30
NON-HSC HOSPITALS TOTAL	3	5		16,639.48	3327.90	.006	5546.49	19.39
ACCOMMODATIONS	3	5		1,760.94	352.19	.006	586.98	2.05
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	3	5	1,760.94	352.19	.006	586.98	2.05
ANCILLARIES	3	0	14,878.54	.00	.000	4959.51	17.34
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	547	5,120	221,405.30	43.24	5.967	404.76	258.05
MEDICAL	92	155	9,916.65	63.98	.181	107.79	11.56
SURGERY	46	47	3,946.61	83.97	.055	85.80	4.60
PATHOLOGY	248	874	10,096.17	11.55	1.019	40.71	11.77
RADIOLOGY	290	1,317	112,789.34	85.64	1.535	388.93	131.46
ROOM USE	309	638	27,672.11	43.37	.744	89.55	32.25
CROSSOVERS/ALL OTH OUTPTNT	230	2,089	56,984.42	27.28	2.435	247.76	66.42
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	10	2,160.40	216.04	.012	2160.40	2.52
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	10	2,160.40	216.04	.012	2160.40	2.52
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	11	118	2,309.28	19.57	.138	209.93	2.69
HOSPITAL BASED	11	118	2,309.28	19.57	.138	209.93	2.69
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	118	477	6,438.59	13.50	.556	54.56	7.50
PATHOLOGY	118	477	6,438.59	13.50	.556	54.56	7.50
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	138	238	23,404.80	98.34	.277	169.60	27.28
CLINIC	2	2	77.94	38.97	.002	38.97	.09
SURGICENTER	2	11	386.42	35.13	.013	193.21	.45
HEROIN DETOX CLINIC	1	21	195.09	9.29	.024	195.09	.23
RURAL HEALTH CLINIC	133	204	22,745.35	111.50	.238	171.02	26.51

#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR BCCTP-FEDERAL

AID CODES 0M 0N 0P

PAGE 3,140 01/29/04

858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	102	8,610	20,009.27	2.32	10.035	196.17	23.32
DURABLE MED. EQUIP.	11	63	2,607.72	41.39	.073	237.07	3.04
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	26	790	4,967.53	6.29	.921	191.06	5.79
AMBULANCES/AIR TRANS	21	385	3,636.81	9.45	.449	173.18	4.24
OTHER TRANS	5	405	1,330.72	3.29	.472	266.14	1.55
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	39	82	1,077.59	13.14	.096	27.63	1.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	28	68	5,804.76	85.36	.079	207.31	6.77
PROSTHETICS	28	68	5,804.76	85.36	.079	207.31	6.77
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	17	4,070.75	239.46	.020	2035.38	4.74
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	7,590	1,480.92	.20	8.846	164.55	1.73
@CALIF. CHILDREN SERVICES*	2	4	\$ 3,832.50	\$ 958.13	.005	\$ 1916.25	\$ 4.47
@XOVER EXCLUDING STATE HOSP**	9	70	\$ 2,163.69	\$ 30.91	.082	\$ 240.41	\$ 2.52

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,141
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV

78 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	110	610	\$ 44,184.27	\$ 72.43	7.821	\$ 401.68	\$ 566.47
@PHYSICIANS SERVICES	55	209	\$ 9,253.91	\$ 44.28	2.679	\$ 168.25	\$ 118.64
OUTPATIENT VISITS	40	70	1,861.42	26.59	.897	46.54	23.86
OFFICE VISITS	25	39	1,110.79	28.48	.500	44.43	14.24
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	221.03	73.68	.038	73.68	2.83
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	13	28	529.60	18.91	.359	40.74	6.79
INPATIENT VISITS	3	4	227.24	56.81	.051	75.75	2.91
HOSPITAL VISITS	3	4	227.24	56.81	.051	75.75	2.91
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	3	1,084.14	361.38	.038	361.38	13.90
PRINCIPAL SURGEON	3	3	1,084.14	361.38	.038	361.38	13.90
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	7	12	1,025.61	85.47	.154	146.52	13.15
PRINCIPAL SURGEON	7	8	931.60	116.45	.103	133.09	11.94
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	94.01	23.50	.051	94.01	1.21
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	14	51	995.74	19.52	.654	71.12	12.77
RADIOLOGY	13	25	1,167.27	46.69	.321	89.79	14.97
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	36	351.18	9.76	.462	175.59	4.50
OTHER SERVICES/ALL X-OVERS	7	8	2,541.31	317.66	.103	363.04	32.58
@PHARMACY	58	143	\$ 14,049.14	\$ 98.25	1.833	\$ 242.23	\$ 180.12
PRESCRIPTION DRUGS	57	141	13,951.17	98.94	1.808	244.76	178.86
SNF/ICF	1	6	187.26	31.21	.077	187.26	2.40
OUTPATIENTS	56	135	13,763.91	101.95	1.731	245.78	176.46
MEDICAL SUPPLIES	1	2	97.97	48.99	.026	97.97	1.26
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,142
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V						
78 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	37	230	\$ 20,283.23	\$ 88.19	2.949	\$ 548.20	\$ 260.04
HOSP INPATIENT TOTAL	1	1	1,125.00	1125.00	.013	1125.00	14.42
HSC HOSPITALS	1	1	1,125.00	1125.00	.013	1125.00	14.42
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	37	229	19,158.23	83.66	2.936	517.79	245.62
MEDICAL	9	9	267.50	29.72	.115	29.72	3.43
SURGERY	2	2	135.01	67.51	.026	67.51	1.73
PATHOLOGY	14	43	491.10	11.42	.551	35.08	6.30
RADIOLOGY	13	18	1,924.28	106.90	.231	148.02	24.67
ROOM USE	26	54	2,366.83	43.83	.692	91.03	30.34
CROSSOVERS/ALL OTH OUTPTNT	18	103	13,973.51	135.67	1.321	776.31	179.15
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,143
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

78 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	37	230	\$ 20,283.23	\$ 88.19	2.949	\$ 548.20	\$ 260.04
COMM HOSP INPATIENT TOTAL	1	1	1,125.00	1125.00	.013	1125.00	14.42
HSC HOSPITALS	1	1	1,125.00	1125.00	.013	1125.00	14.42
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	37	229	19,158.23	83.66	2.936	517.79	245.62
MEDICAL	9	9	267.50	29.72	.115	29.72	3.43
SURGERY	2	2	135.01	67.51	.026	67.51	1.73
PATHOLOGY	14	43	491.10	11.42	.551	35.08	6.30
RADIOLOGY	13	18	1,924.28	106.90	.231	148.02	24.67
ROOM USE	26	54	2,366.83	43.83	.692	91.03	30.34
CROSSOVERS/ALL OTH OUTPTNT	18	103	13,973.51	135.67	1.321	776.31	179.15
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	6	\$ 85.36	\$ 14.23	.077	\$ 28.45	\$ 1.09
PATHOLOGY	3	6	85.36	14.23	.077	28.45	1.09
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,144
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

78 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	22	\$ 512.63	\$ 23.30	.282	\$ 170.88	\$ 6.57
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	19	200.95	10.58	.244	100.48	2.58

AMBULANCES/AIR TRANS	2	19	200.95	10.58	.244	100.48	2.58
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	311.68	103.89	.038	311.68	4.00
PROSTHETICS	1	3	311.68	103.89	.038	311.68	4.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1	1	39.78	39.78	.013	39.78	.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,145
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

936 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,240	37,028	\$ 1,306,433.99	\$ 35.28	39.560	\$ 1053.58	\$ 1395.76
@PHYSICIANS SERVICES	842	18,363	\$ 585,685.20	\$ 31.89	19.619	\$ 695.59	\$ 625.73
OUTPATIENT VISITS	548	1,060	31,559.67	29.77	1.132	57.59	33.72
OFFICE VISITS	441	844	23,815.64	28.22	.902	54.00	25.44
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	48	60	3,927.59	65.46	.064	81.82	4.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7	30	1,215.48	40.52	.032	173.64	1.30
OTHER OUTPATIENT	98	126	2,600.96	20.64	.135	26.54	2.78
INPATIENT VISITS	28	91	4,187.29	46.01	.097	149.55	4.47
HOSPITAL VISITS	27	86	3,754.19	43.65	.092	139.04	4.01
CRITICAL CARE	2	4	361.00	90.25	.004	180.50	.39
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.001	72.10	.08
OPHTHALMOLOGICAL SERVICES	5	6	266.83	44.47	.006	53.37	.29
EXAMINATIONS	5	6	266.83	44.47	.006	53.37	.29
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	87	406	34,849.74	85.84	.434	400.57	37.23
PRINCIPAL SURGEON	64	90	28,788.26	319.87	.096	449.82	30.76
ASSISTANT SURGEON	9	10	1,184.68	118.47	.011	131.63	1.27
ANESTHESIOLOGIST	25	306	4,876.80	15.94	.327	195.07	5.21
OUTPATIENT SURGERY	103	345	23,468.56	68.02	.369	227.85	25.07
PRINCIPAL SURGEON	82	107	18,986.48	177.44	.114	231.54	20.28
ASSISTANT SURGEON	1	1	141.10	141.10	.001	141.10	.15
ANESTHESIOLOGIST	28	237	4,340.98	18.32	.253	155.04	4.64
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	372	2,442	28,873.16	11.82	2.609	77.62	30.85

RADIOLOGY	343	1,004		50,777.67		50.58	1.073	148.04	54.25
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	158	12,023		380,607.29		31.66	12.845	2408.91	406.63
OTHER SERVICES/ALL X-OVERS	178	986		31,094.99		31.54	1.053	174.69	33.22
@PHARMACY	748	3,001	\$	193,891.00	\$	64.61	3.206	259.21	207.15
PRESCRIPTION DRUGS	736	2,399		190,541.57		79.43	2.563	258.89	203.57
SNF/ICF	1	6		187.26		31.21	.006	187.26	.20
OUTPATIENTS	735	2,393		190,354.31		79.55	2.557	258.99	203.37
MEDICAL SUPPLIES	50	602		3,349.43		5.56	.643	66.99	3.58
@DENTIST	62	300	\$	15,724.25	\$	52.41	.321	253.62	16.80
VISITS - DIAGNOSTIC	40	157		2,490.25		15.86	.168	62.26	2.66
ORAL SURGERY	20	51		2,571.00		50.41	.054	128.55	2.75
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	6	6		973.00		162.17	.006	162.17	1.04
ENDODONTICS	4	5		1,395.00		279.00	.005	348.75	1.49
RESTORATIVE DENTISTRY	22	64		5,293.00		82.70	.068	240.59	5.65
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	6	17		3,002.00		176.59	.018	500.33	3.21
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 3,146	
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04	
FRESNO COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL								

936 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	33		107 \$	2,575.80	\$ 24.07	.114	\$ 78.05	\$ 2.75
DIAGNOSTIC AND ANC. PROCED	26		26	1,208.84	46.49	.028	46.49	1.29
EYE APPLIANCES	29		81	1,366.96	16.88	.087	47.14	1.46
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	.00
@CHIROPRACTOR	4		5 \$	83.60	\$ 16.72	.005	\$ 20.90	\$.09
VISITS	4		5	83.60	16.72	.005	20.90	.09
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	10		17 \$	647.82	\$ 38.11	.018	\$ 64.78	\$.69
MEDICINE/INJECTIONS	9		10	306.40	30.64	.011	34.04	.33
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2		3	51.90	17.30	.003	25.95	.06
OTHER	2		4	289.52	72.38	.004	144.76	.31
@HOME HEALTH AGENCY	22		200 \$	13,778.88	\$ 68.89	.214	\$ 626.31	\$ 14.72
NURSE ANESTHESIST	2		26 \$	364.10	\$ 14.00	.028	\$ 182.05	\$.39
NURSE MIDWIFE	0		0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	598		5,528 \$	438,763.01	\$ 79.37	5.906	\$ 733.72	\$ 468.76
HOSP INPATIENT TOTAL	54		179	198,199.48	1107.26	.191	3670.36	211.75
HSC HOSPITALS	51		174	181,560.00	1043.45	.186	3560.00	193.97
NON-HSC HOSPITAL TOTAL	3		5	16,639.48	3327.90	.005	5546.49	17.78
ACCOMMODATIONS	3		5	1,760.94	352.19	.005	586.98	1.88
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3		5	1,760.94	352.19	.005	586.98	1.88
ANCILLARIES	3		0	14,878.54	.00	.000	4959.51	15.90
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	584		5,349	240,563.53	44.97	5.715	411.92	257.01
MEDICAL	101		164	10,184.15	62.10	.175	100.83	10.88

SURGERY	48	49	4,081.62	83.30	.052	85.03	4.36
PATHOLOGY	262	917	10,587.27	11.55	.980	40.41	11.31
RADIOLOGY	303	1,335	114,713.62	85.93	1.426	378.59	122.56
ROOM USE	335	692	30,038.94	43.41	.739	89.67	32.09
CROSSOVERS/ALL OTH OUTPTNT	248	2,192	70,957.93	32.37	2.342	286.12	75.81
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,147
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

936 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	598	5,528	\$ 438,763.01	\$ 79.37	5.906	\$ 733.72	\$ 468.76
COMM HOSP INPATIENT TOTAL	54	179	198,199.48	1107.26	.191	3670.36	211.75
HSC HOSPITALS	51	174	181,560.00	1043.45	.186	3560.00	193.97
NON-HSC HOSPITALS TOTAL	3	5	16,639.48	3327.90	.005	5546.49	17.78
ACCOMMODATIONS	3	5	1,760.94	352.19	.005	586.98	1.88
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	5	1,760.94	352.19	.005	586.98	1.88
ANCILLARIES	3	0	14,878.54	.00	.000	4959.51	15.90
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	584	5,349	240,563.53	44.97	5.715	411.92	257.01
MEDICAL	101	164	10,184.15	62.10	.175	100.83	10.88
SURGERY	48	49	4,081.62	83.30	.052	85.03	4.36
PATHOLOGY	262	917	10,587.27	11.55	.980	40.41	11.31
RADIOLOGY	303	1,335	114,713.62	85.93	1.426	378.59	122.56
ROOM USE	335	692	30,038.94	43.41	.739	89.67	32.09
CROSSOVERS/ALL OTH OUTPTNT	248	2,192	70,957.93	32.37	2.342	286.12	75.81
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	10	\$ 2,160.40	\$ 216.04	.011	\$ 2160.40	\$ 2.31
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	10	2,160.40	216.04	.011	2160.40	2.31
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	11	118	\$	2,309.28	\$	19.57	.126	\$ 209.93	\$ 2.47
HOSPITAL BASED	11	118		2,309.28		19.57	.126	209.93	2.47
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	121	483	\$	6,523.95	\$	13.51	.516	\$ 53.92	\$ 6.97
PATHOLOGY	121	483		6,523.95		13.51	.516	53.92	6.97
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	138	238	\$	23,404.80	\$	98.34	.254	\$ 169.60	\$ 25.01
CLINIC	2	2		77.94		38.97	.002	38.97	.08
SURGICENTER	2	11		386.42		35.13	.012	193.21	.41
HEROIN DETOX CLINIC	1	21		195.09		9.29	.022	195.09	.21
RURAL HEALTH CLINIC	133	204		22,745.35		111.50	.218	171.02	24.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 3,148
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL								

936 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	105	8,632	\$ 20,521.90	\$ 2.38	9.222	\$ 195.45	\$ 21.93
DURABLE MED. EQUIP.	11	63	2,607.72	41.39	.067	237.07	2.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	28	809	5,168.48	6.39	.864	184.59	5.52
AMBULANCES/AIR TRANS	23	404	3,837.76	9.50	.432	166.86	4.10
OTHER TRANS	5	405	1,330.72	3.29	.433	266.14	1.42
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	39	82	1,077.59	13.14	.088	27.63	1.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	29	71	6,116.44	86.15	.076	210.91	6.53
PROSTHETICS	29	71	6,116.44	86.15	.076	210.91	6.53
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	17	4,070.75	239.46	.018	2035.38	4.35
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	7,590	1,480.92	.20	8.109	164.55	1.58
@CALIF. CHILDREN SERVICES*	2	4	\$ 3,832.50	\$ 958.13	.004	\$ 1916.25	\$ 4.09
@XOVER EXCLUDING STATE HOSP**	10	71	\$ 2,203.47	\$ 31.03	.076	\$ 220.35	\$ 2.35

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 3,149
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY								

AID CODE 80

236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	21	76	\$	3,803.50	\$	50.05	.322	\$	181.12	\$	16.12
@PHYSICIANS SERVICES	9	15	\$	226.08	\$	15.07	.064	\$	25.12	\$.96
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	15		226.08	15.07	.064	25.12	.96
@PHARMACY	4	26	\$	890.29CR	\$ 34.24CR	.110	\$ 222.57CR\$	3.77CR
PRESCRIPTION DRUGS	0	14		1,046.76CR	74.77CR	.059	.00	4.44CR
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	14		1,046.76CR	74.77CR	.059	.00	4.44CR
MEDICAL SUPPLIES	4	12		156.47	13.04	.051	39.12	.66
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,150
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	4	8	\$ 69.19	\$ 8.65	.034	\$ 17.30	\$.29
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	4	8	69.19	8.65	.034	17.30	.29	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	4	8	69.19	8.65	.034	17.30	.29	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 3,151
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY							AID CODE 80
236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	4	8	\$ 69.19	\$ 8.65	.034	\$ 17.30	\$.29	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	4	8	69.19	8.65	.034	17.30	.29	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	4	8	69.19	8.65	.034	17.30	.29	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	

@NURSING FACILITY	5	0	\$	3,203.16	\$	.00	.000	\$	640.63	\$	13.57
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	0		3,203.16		.00	.000		640.63		13.57
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	807.81	\$	807.81	.004	\$	807.81	\$	3.42
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		807.81		807.81	.004		807.81		3.42
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,152	
MOP024				FEE-FOR-SERVICE/DENTAL						01/29/04	
FRESNO COUNTY				SUMMARY OF SERVICES FOR QMB - ONLY						AID CODE 80	

236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	26	\$ 387.55	\$ 14.91	.110	\$ 55.36	\$ 1.64
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	11	116.10	10.55	.047	58.05	.49
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	11	116.10	10.55	.047	58.05	.49
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	15	271.45	18.10	.064	38.78	1.15
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 21 62 \$ 4,850.26 \$ 78.23 .263 \$ 230.96 \$ 20.55

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,153
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 FRESNO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

9,542 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	6,566	25,467	\$ 1,012,552.65	\$ 39.76	2.669	\$ 154.21	\$ 106.12
@PHYSICIANS SERVICES	1,083	1,827	\$ 74,134.97	\$ 40.58	.191	\$ 68.45	\$ 7.77
OUTPATIENT VISITS	871	1,070	38,549.79	36.03	.112	44.26	4.04
OFFICE VISITS	544	663	20,848.14	31.45	.069	38.32	2.18
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	243	271	13,840.11	51.07	.028	56.96	1.45
PREVENTIVE CARE	4	4	165.23	41.31	.000	41.31	.02
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	112	132	3,696.31	28.00	.014	33.00	.39
INPATIENT VISITS	33	50	4,331.51	86.63	.005	131.26	.45
HOSPITAL VISITS	31	44	2,911.32	66.17	.005	93.91	.31
CRITICAL CARE	2	6	1,420.19	236.70	.001	710.10	.15
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	17	25	1,137.47	45.50	.003	66.91	.12
EXAMINATIONS	17	25	1,137.47	45.50	.003	66.91	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	27	2,834.22	104.97	.003	257.66	.30
PRINCIPAL SURGEON	6	6	2,271.59	378.60	.001	378.60	.24
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	21	562.63	26.79	.002	112.53	.06
OUTPATIENT SURGERY	98	184	17,262.44	93.82	.019	176.15	1.81
PRINCIPAL SURGEON	76	91	14,060.46	154.51	.010	185.01	1.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	25	93	3,201.98	34.43	.010	128.08	.34
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	66	86	559.40	6.50	.009	8.48	.06
RADIOLOGY	114	150	3,061.10	20.41	.016	26.85	.32
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	6	65.49	10.92	.001	13.10	.01
OTHER SERVICES/ALL X-OVERS	138	229	6,333.55	27.66	.024	45.90	.66
@PHARMACY	986	2,431	\$ 50,354.54	\$ 20.71	.255	\$ 51.07	\$ 5.28
PRESCRIPTION DRUGS	974	2,341	46,586.92	19.90	.245	47.83	4.88
SNF/ICF	1	1	13.57	13.57	.000	13.57	.00
OUTPATIENTS	973	2,340	46,573.35	19.90	.245	47.87	4.88
MEDICAL SUPPLIES	43	90	3,767.62	41.86	.009	87.62	.39
@DENTIST	1,426	10,029	\$ 273,047.24	\$ 27.23	1.051	\$ 191.48	\$ 28.62
VISITS - DIAGNOSTIC	1,213	6,244	75,803.00	12.14	.654	62.49	7.94
ORAL SURGERY	147	284	11,557.00	40.69	.030	78.62	1.21
DRUGS	129	166	3,702.50	22.30	.017	28.70	.39
ANESTHESIA	5	8	500.00	62.50	.001	100.00	.05
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	212	530	35,577.10	67.13	.056	167.82	3.73
RESTORATIVE DENTISTRY	587	2,650	136,706.35	51.59	.278	232.89	14.33
PROSTHETICS	5	6	200.00	33.33	.001	40.00	.02
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	25	29	2,949.00	101.69	.003	117.96	.31
MAXILLOFACIAL SERVICES	48	48	6,052.29	126.09	.005	126.09	.63
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	48	64	.00	.00	.007	.00	.00

#CALIF DEPT OF HEALTH SERV
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 133% PROGRAM

PAGE 3,154
01/29/04

	9,542 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	16	16	43 \$	1,144.85	\$ 26.62	.005	\$ 71.55	\$.12
DIAGNOSTIC AND ANC. PROCED	16	16		759.20	47.45	.002	47.45	.08
EYE APPLIANCES	9	27		385.65	14.28	.003	42.85	.04
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$	85.76	\$ 42.88	.000	\$ 42.88	\$.01
MEDICINE/INJECTIONS	2	2		85.76	42.88	.000	42.88	.01
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	8	1,665	\$	49,159.89	\$ 29.53	.174	\$ 6144.99	\$ 5.15
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	11	14	\$	338.96	\$ 24.21	.001	\$ 30.81	\$.04
@TOTAL HOSPITAL	653	2,061	\$	246,452.22	\$ 119.58	.216	\$ 377.42	\$ 25.83
HOSP INPATIENT TOTAL	37	103		184,880.00	1794.95	.011	4996.76	19.38
HSC HOSPITALS	37	103		184,880.00	1794.95	.011	4996.76	19.38
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	624	1,958		61,572.22	31.45	.205	98.67	6.45
MEDICAL	122	155		5,349.61	34.51	.016	43.85	.56
SURGERY	96	139		5,334.20	38.38	.015	55.56	.56
PATHOLOGY	151	460		5,430.80	11.81	.048	35.97	.57
RADIOLOGY	114	144		9,584.65	66.56	.015	84.08	1.00
ROOM USE	511	660		27,904.61	42.28	.069	54.61	2.92
CROSSOVERS/ALL OTH OUTPTNT	215	400		7,968.35	19.92	.042	37.06	.84
@COUNTY HOSPITAL TOTAL	2	4	\$	112.36	\$ 28.09	.000	\$ 56.18	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4		112.36	28.09	.000	56.18	.01
MEDICAL	2	2		44.86	22.43	.000	22.43	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	2		67.50	33.75	.000	67.50	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

9,542 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	651	2,057	\$ 246,339.86	\$ 119.76	.216	\$ 378.40	\$ 25.82
COMM HOSP INPATIENT TOTAL	37	103	184,880.00	1794.95	.011	4996.76	19.38
HSC HOSPITALS	37	103	184,880.00	1794.95	.011	4996.76	19.38
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	622	1,954		61,459.86		31.45	.205	98.81	6.44
MEDICAL	120	153		5,304.75		34.67	.016	44.21	.56
SURGERY	96	139		5,334.20		38.38	.015	55.56	.56
PATHOLOGY	151	460		5,430.80		11.81	.048	35.97	.57
RADIOLOGY	114	144		9,584.65		66.56	.015	84.08	1.00
ROOM USE	510	658		27,837.11		42.31	.069	54.58	2.92
CROSSOVERS/ALL OTH OUTPTNT	215	400		7,968.35		19.92	.042	37.06	.84
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	19	92	\$	2,483.96	\$	27.00	.010	130.73	.26
HOSPITAL BASED	13	37		1,515.73		40.97	.004	116.59	.16
INDEPENDENT FACILITY	6	55		968.23		17.60	.006	161.37	.10
@LABORATORY FACILITY	72	147	\$	1,739.78	\$	11.84	.015	24.16	.18
PATHOLOGY	72	147		1,739.78		11.84	.015	24.16	.18
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,495	3,463	\$	288,202.18	\$	83.22	.363	115.51	30.20
CLINIC	19	47		1,466.24		31.20	.005	77.17	.15
SURGICENTER	9	62		2,168.89		34.98	.006	240.99	.23
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2,469	3,354		284,567.05		84.84	.351	115.26	29.82

#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

PAGE 3,156 01/29/04

9,542 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	632	3,693	\$ 25,408.30	\$ 6.88	.387	\$ 40.20	\$ 2.66
DURABLE MED. EQUIP.	5	10	527.97	52.80	.001	105.59	.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	35	405	4,027.92	9.95	.042	115.08	.42
AMBULANCES/AIR TRANS	35	405	4,027.92	9.95	.042	115.08	.42
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	60	129	1,125.05	8.72	.014	18.75	.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	7	271.28	38.75	.001	67.82	.03
PROSTHETICS	4	7	271.28	38.75	.001	67.82	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	13	1,020.13	78.47	.001	340.04	.11
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	528	3,129	18,435.95	5.89	.328	34.92	1.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	222	2,492	\$ 213,583.48	\$ 85.71	.261	\$ 962.09	\$ 22.38
@XOVER EXCLUDING STATE HOSP**	1	7	\$ 1,438.56	\$ 205.51	.001	\$ 1438.56	\$.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

FRESNO COUNTY

SUMMARY OF SERVICES FOR 100% PROGRAM

AID CODES 7A 7C 8R 8T

9,281 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,796	31,505	\$ 1,203,725.75	\$ 38.21	3.395	\$ 177.12	\$ 129.70
@PHYSICIANS SERVICES	677	1,947	\$ 91,688.13	\$ 47.09	.210	\$ 135.43	\$ 9.88
OUTPATIENT VISITS	488	695	25,124.29	36.15	.075	51.48	2.71
OFFICE VISITS	254	295	10,790.80	36.58	.032	42.48	1.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	137	146	7,698.13	52.73	.016	56.19	.83
PREVENTIVE CARE	3	3	153.51	51.17	.000	51.17	.02
OB VISITS/COMPRE PERI	18	132	1,977.62	14.98	.014	109.87	.21
OTHER OUTPATIENT	95	119	4,504.23	37.85	.013	47.41	.49
INPATIENT VISITS	41	224	15,906.40	71.01	.024	387.96	1.71
HOSPITAL VISITS	38	193	9,475.51	49.10	.021	249.36	1.02
CRITICAL CARE	5	31	6,430.89	207.45	.003	1286.18	.69
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	14	16	852.90	53.31	.002	60.92	.09
EXAMINATIONS	14	16	852.90	53.31	.002	60.92	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	33	206	25,122.59	121.95	.022	761.29	2.71
PRINCIPAL SURGEON	24	48	19,512.22	406.50	.005	813.01	2.10
ASSISTANT SURGEON	4	4	1,070.74	267.69	.000	267.69	.12
ANESTHESIOLOGIST	16	154	4,539.63	29.48	.017	283.73	.49
OUTPATIENT SURGERY	48	69	6,027.95	87.36	.007	125.58	.65
PRINCIPAL SURGEON	47	51	5,492.83	107.70	.005	116.87	.59
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	18	535.12	29.73	.002	107.02	.06
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	53	99	2,043.20	20.64	.011	38.55	.22
RADIOLOGY	132	241	7,779.92	32.28	.026	58.94	.84
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	6	238.31	39.72	.001	47.66	.03
OTHER SERVICES/ALL X-OVERS	114	391	8,592.57	21.98	.042	75.37	.93
@PHARMACY	590	1,415	\$ 71,995.70	\$ 50.88	.152	\$ 122.03	\$ 7.76
PRESCRIPTION DRUGS	585	1,286	70,495.20	54.82	.139	120.50	7.60
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	585	1,286	70,495.20	54.82	.139	120.50	7.60
MEDICAL SUPPLIES	23	129	1,500.50	11.63	.014	65.24	.16
@DENTIST	2,119	15,133	\$ 350,174.63	\$ 23.14	1.631	\$ 165.25	\$ 37.73
VISITS - DIAGNOSTIC	1,583	11,072	132,461.20	11.96	1.193	83.68	14.27
ORAL SURGERY	328	580	32,123.00	55.38	.062	97.94	3.46
DRUGS	123	153	3,267.00	21.35	.016	26.56	.35
ANESTHESIA	17	17	1,700.00	100.00	.002	100.00	.18

PERIODONTICS	20	21	1,370.00	65.24	.002	68.50	.15
ENDODONTICS	119	173	22,639.00	130.86	.019	190.24	2.44
RESTORATIVE DENTISTRY	826	2,775	132,016.25	47.57	.299	159.83	14.22
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	80.00	40.00	.000	80.00	.01
SPACE MAINTAINERS	33	42	4,386.00	104.43	.005	132.91	.47
MAXILLOFACIAL SERVICES	9	9	602.18	66.91	.001	66.91	.06
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	191	230	19,230.00	83.61	.025	100.68	2.07
ALL OTHER SERVICES	39	59	300.00	5.08	.006	7.69	.03

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

9,281 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	74	209	\$ 4,969.55	\$ 23.78	.023	\$ 67.16	\$.54
DIAGNOSTIC AND ANC. PROCED	63	63	2,894.12	45.94	.007	45.94	.31
EYE APPLIANCES	51	145	2,037.93	14.05	.016	39.96	.22
OTHER OPTOMETRIC SERVICES	1	1	37.50	37.50	.000	37.50	.00
@CHIROPRACTOR	14	23	\$ 384.56	\$ 16.72	.002	\$ 27.47	\$.04
VISITS	14	23	384.56	16.72	.002	27.47	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	3	\$ 170.94	\$ 56.98	.000	\$ 170.94	\$.02
MEDICINE/INJECTIONS	1	1	26.18	26.18	.000	26.18	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	144.76	72.38	.000	144.76	.02
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	3	51.13	17.04	.000	51.13	.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	6	11	\$ 278.21	\$ 25.29	.001	\$ 46.37	\$.03
@TOTAL HOSPITAL	429	1,995	\$ 460,347.50	\$ 230.75	.215	\$ 1073.07	\$ 49.60
HOSP INPATIENT TOTAL	45	244	405,544.33	1662.07	.026	9012.10	43.70
HSC HOSPITALS	41	233	394,205.10	1691.87	.025	9614.76	42.47
NON-HSC HOSPITAL TOTAL	4	11	11,339.23	1030.84	.001	2834.81	1.22
ACCOMMODATIONS	4	11	3,452.37	313.85	.001	863.09	.37
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	11	3,452.37	313.85	.001	863.09	.37
ANCILLARIES	4	0	7,886.86	.00	.000	1971.72	.85
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	396	1,751	54,803.17	31.30	.189	138.39	5.90
MEDICAL	77	125	7,885.41	63.08	.013	102.41	.85
SURGERY	60	98	2,784.26	28.41	.011	46.40	.30
PATHOLOGY	145	572	6,098.99	10.66	.062	42.06	.66
RADIOLOGY	111	142	13,567.78	95.55	.015	122.23	1.46
ROOM USE	297	406	16,713.17	41.17	.044	56.27	1.80
CROSSOVERS/ALL OTH OUTPTNT	145	408	7,753.56	19.00	.044	53.47	.84
@COUNTY HOSPITAL TOTAL	1	1	\$ 1,195.00	\$ 1195.00	.000	\$ 1195.00	\$.13
CO HOSPITAL INPATIENT TOTAL	1	1	1,195.00	1195.00	.000	1195.00	.13
HSC HOSPITALS	1	1	1,195.00	1195.00	.000	1195.00	.13
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,159
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 FRESNO COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
9,281 ELIGIBLES						
@COMMUNITY HOSPITAL TOTAL	428	1,994 \$	459,152.50	\$ 230.27	.215 \$ 1072.79	\$ 49.47

COMM HOSP INPATIENT TOTAL	44	243		404,349.33	1663.99	.026	9189.76	43.57
HSC HOSPITALS	40	232		393,010.10	1694.01	.025	9825.25	42.35
NON-HSC HOSPITALS TOTAL	4	11		11,339.23	1030.84	.001	2834.81	1.22
ACCOMMODATIONS	4	11		3,452.37	313.85	.001	863.09	.37
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	11		3,452.37	313.85	.001	863.09	.37
ANCILLARIES	4	0		7,886.86	.00	.000	1971.72	.85
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	396	1,751		54,803.17	31.30	.189	138.39	5.90
MEDICAL	77	125		7,885.41	63.08	.013	102.41	.85
SURGERY	60	98		2,784.26	28.41	.011	46.40	.30
PATHOLOGY	145	572		6,098.99	10.66	.062	42.06	.66
RADIOLOGY	111	142		13,567.78	95.55	.015	122.23	1.46
ROOM USE	297	406		16,713.17	41.17	.044	56.27	1.80
CROSSOVERS/ALL OTH OUTPTNT	145	408		7,753.56	19.00	.044	53.47	.84
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	21	129	\$	3,135.56	\$ 24.31	.014	\$ 149.31	\$.34
HOSPITAL BASED	17	78		2,329.34	29.86	.008	137.02	.25
INDEPENDENT FACILITY	4	51		806.22	15.81	.005	201.56	.09
@LABORATORY FACILITY	49	161	\$	2,130.66	\$ 13.23	.017	\$ 43.48	\$.23
PATHOLOGY	49	161		2,130.66	13.23	.017	43.48	.23
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,043	1,392	\$	129,342.75	\$ 92.92	.150	\$ 124.01	\$ 13.94
CLINIC	23	67		1,579.41	23.57	.007	68.67	.17
SURGICENTER	1	7		242.21	34.60	.001	242.21	.03
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,019	1,318		127,521.13	96.75	.142	125.14	13.74

#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 100% PROGRAM

AID CODES 7A 7C 8R 8T

PAGE 3,160 01/29/04

	9,281 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,380		9,084	\$ 89,056.43	\$ 9.80	.979	\$ 37.42	\$ 9.60
DURABLE MED. EQUIP.	2		5	145.85	29.17	.001	72.93	.02
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	39		1,348	12,396.48	9.20	.145	317.86	1.34
AMBULANCES/AIR TRANS	39		1,347	10,596.48	7.87	.145	271.70	1.14
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		1	1,800.00	1800.00	.000	1800.00	.19
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.001	105.00	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	329	695	7,231.12	10.40	.075	21.98	.78
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	13	1,432.10	110.16	.001	238.68	.15
PROSTHETICS	3	10	1,243.52	124.35	.001	414.51	.13
ORTHOTICS	3	3	188.58	62.86	.000	62.86	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,015	7,010	66,485.88	9.48	.755	33.00	7.16
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	216	1,650	\$ 439,382.07	\$ 266.29	.178	\$ 2034.18	\$ 47.34
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,161
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	23,982	104,975	\$ 4,504,807.24	\$ 42.91	.000	\$ 187.84	\$.00
@PHYSICIANS SERVICES	11,351	47,238	\$ 1,859,522.52	\$ 39.36	.000	\$ 163.82	\$.00
OUTPATIENT VISITS	8,168	35,368	1,365,260.38	38.60	.000	167.15	.00
OFFICE VISITS	1,231	1,275	18,728.81	14.69	.000	15.21	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7,628	34,092	1,346,521.97	39.50	.000	176.52	.00
OTHER OUTPATIENT	1	1	9.60	9.60	.000	9.60	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	23	26	3,643.05	140.12	.000	158.39	.00
PRINCIPAL SURGEON	21	21	3,417.51	162.74	.000	162.74	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	5	225.54	45.11	.000	112.77	.00
OUTPATIENT SURGERY	486	906	72,435.06	79.95	.000	149.04	.00
PRINCIPAL SURGEON	389	544	60,482.96	111.18	.000	155.48	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	206	362	11,952.10	33.02	.000	58.02	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5,010	7,387	161,888.64	21.92	.000	32.31	.00
RADIOLOGY	3,122	3,274	238,424.35	72.82	.000	76.37	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	48	121	5,334.45	44.09	.000	111.13	.00
OTHER SERVICES/ALL X-OVERS	62	156	12,536.59	80.36	.000	202.20	.00

@PHARMACY	5,399	12,259	\$	171,975.52	\$	14.03	.000	\$	31.85	\$	.00
PRESCRIPTION DRUGS	5,344	11,975		159,454.57		13.32	.000		29.84		.00
SNF/ICF	1	1		9.54		9.54	.000		9.54		.00
OUTPATIENTS	5,344	11,974		159,445.03		13.32	.000		29.84		.00
MEDICAL SUPPLIES	142	284		12,520.95		44.09	.000		88.18		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,162
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	4	12	\$ 301.16	\$ 25.10	.000	\$ 75.29	\$.00
NURSE MIDWIFE	4	8	\$ 412.39	\$ 51.55	.000	\$ 103.10	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	5	\$ 444.89	\$ 88.98	.000	\$ 222.45	\$.00
@TOTAL HOSPITAL	3,945	11,290	\$ 464,783.15	\$ 41.17	.000	\$ 117.82	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,945	11,290	464,783.15	41.17	.000	117.82	.00
MEDICAL	5	5	335.07	67.01	.000	67.01	.00
SURGERY	116	150	5,915.43	39.44	.000	51.00	.00
PATHOLOGY	2,709	4,399	163,364.27	37.14	.000	60.30	.00
RADIOLOGY	395	403	30,986.53	76.89	.000	78.45	.00
ROOM USE	1,338	2,010	69,122.42	34.39	.000	51.66	.00

CROSSEOVERS/ALL OTH OUTPTNT	1,022	4,323		195,059.43	45.12	.000	190.86	.00
@COUNTY HOSPITAL TOTAL	4	7	\$	162.46	\$ 23.21	.000	\$ 40.62	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	7		162.46	23.21	.000	40.62	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	4		25.48	6.37	.000	8.49	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	2		66.98	33.49	.000	33.49	.00
CROSSEOVERS/ALL OTH OUTPTNT	1	1		70.00	70.00	.000	70.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,163
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,942	11,283	\$ 464,620.69	\$ 41.18	.000	\$ 117.86	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,942	11,283	464,620.69	41.18	.000	117.86	.00
MEDICAL	5	5	335.07	67.01	.000	67.01	.00
SURGERY	116	150	5,915.43	39.44	.000	51.00	.00
PATHOLOGY	2,706	4,395	163,338.79	37.16	.000	60.36	.00
RADIOLOGY	395	403	30,986.53	76.89	.000	78.45	.00
ROOM USE	1,336	2,008	69,055.44	34.39	.000	51.69	.00
CROSSEOVERS/ALL OTH OUTPTNT	1,021	4,322	194,989.43	45.12	.000	190.98	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6,526	16,815	\$	396,213.31	\$	23.56	.000	\$	60.71	\$	.00
PATHOLOGY	6,526	16,815		396,213.31		23.56	.000		60.71		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6,410	16,373	\$	1,509,686.80	\$	92.21	.000	\$	235.52	\$	.00
CLINIC	1,001	4,429		177,181.60		40.00	.000		177.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5,431	11,944		1,332,505.20		111.56	.000		245.35		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 3,164
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G										
							----- MONTHLY AVERAGE -----				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER		

	971	OR DAYS OF CARE 975	\$	101,467.50	PER UNIT/DAY \$ 104.07	PER ELIG .000	USER \$ 104.50	ELIGIBLE \$.00
@ALL OTHER PROVIDERS	971	975	\$	101,467.50	\$ 104.07	.000	\$ 104.50	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	971	975		101,467.50	104.07	.000	104.50	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,165
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 FRESNO COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

311 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	87	897	\$ 17,925.03	\$ 19.98	2.884	\$ 206.03	\$ 57.64
@PHYSICIANS SERVICES	1	1	\$ 14.48	\$ 14.48	.003	\$ 14.48	\$.05
OUTPATIENT VISITS	1	1	14.48	14.48	.003	14.48	.05
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	14.48	14.48	.003	14.48	.05
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00		.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.000	.00	.00
DIALYSIS	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	0	0		.00		.000	.00	.00
PSYCHIATRY	0	0		.00		.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.000	.00	.00
@PHARMACY	18	53	\$	4,972.44	\$	93.82	.170	\$ 276.25 \$ 15.99
PRESCRIPTION DRUGS	17	52		4,964.91		95.48	.167	292.05 15.96
SNF/ICF	0	0		.00		.00	.000	.00
OUTPATIENTS	17	52		4,964.91		95.48	.167	292.05 15.96
MEDICAL SUPPLIES	1	1		7.53		7.53	.003	7.53 .02
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00
ORAL SURGERY	0	0		.00		.00	.000	.00
DRUGS	0	0		.00		.00	.000	.00
ANESTHESIA	0	0		.00		.00	.000	.00
PERIODONTICS	0	0		.00		.00	.000	.00
ENDODONTICS	0	0		.00		.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00
PROSTHETICS	0	0		.00		.00	.000	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,166
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

311 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	6	33	\$ 2,763.82	\$ 83.75	.106	\$ 460.64	\$ 8.89
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	33	2,763.82	83.75	.106	460.64	8.89
MEDICAL	1	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	32.97	8.24	.013	16.49	.11
RADIOLOGY	1	1	24.55	24.55	.003	24.55	.08
ROOM USE	5	5	188.22	37.64	.016	37.64	.61
CROSSOVERS/ALL OTH OUTPTNT	3	23	2,518.08	109.48	.074	839.36	8.10
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,167
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

311 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	33	\$ 2,763.82	\$ 83.75	.106	\$ 460.64	\$ 8.89
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	33	2,763.82	83.75	.106	460.64	8.89
MEDICAL	1	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	32.97	8.24	.013	16.49	.11
RADIOLOGY	1	1	24.55	24.55	.003	24.55	.08
ROOM USE	5	5	188.22	37.64	.016	37.64	.61
CROSSOVERS/ALL OTH OUTPTNT	3	23	2,518.08	109.48	.074	839.36	8.10
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	29	304	\$	1,128.44	\$	3.71	.977	\$	38.91
PATHOLOGY	29	304		1,128.44		3.71	.977		38.91
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	58	506	\$	9,045.85	\$	17.88	1.627	\$	155.96
CLINIC	58	506		9,045.85		17.88	1.627		155.96
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,168		
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04		
FRESNO COUNTY	SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM						AID CODE 7H		

311 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	3	\$ 3.54	\$ 1.18	.010	\$ 3.54	\$.01
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;							
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.							
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.							

#CALIF DEPT OF HEALTH SERV
MOP024
FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

PAGE 3,169
01/29/04

						----- MONTHLY AVERAGE -----		
2,776 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,869	20,111	\$ 1,409,939.49	\$ 70.11	7.245	\$ 491.44	\$ 507.90	
@PHYSICIANS SERVICES	1,967	11,232	\$ 472,915.76	\$ 42.10	4.046	\$ 240.42	\$ 170.36	
OUTPATIENT VISITS	1,137	6,824	138,917.70	20.36	2.458	122.18	50.04	
OFFICE VISITS	134	154	6,289.07	40.84	.055	46.93	2.27	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	62	69	4,231.95	61.33	.025	68.26	1.52	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	1,019	6,580	127,781.42	19.42	2.370	125.40	46.03	
OTHER OUTPATIENT	17	21	615.26	29.30	.008	36.19	.22	
INPATIENT VISITS	200	379	16,626.46	43.87	.137	83.13	5.99	

HOSPITAL VISITS	200	379		16,626.46		43.87	.137	83.13	5.99
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	292	631		163,803.61		259.59	.227	560.97	59.01
PRINCIPAL SURGEON	207	208		144,925.65		696.76	.075	700.12	52.21
ASSISTANT SURGEON	31	31		5,634.46		181.76	.011	181.76	2.03
ANESTHESIOLOGIST	89	392		13,243.50		33.78	.141	148.80	4.77
OUTPATIENT SURGERY	344	642		61,269.09		95.43	.231	178.11	22.07
PRINCIPAL SURGEON	304	441		55,263.15		125.31	.159	181.79	19.91
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	187	201		6,005.94		29.88	.072	32.12	2.16
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	559	1,504		28,266.32		18.79	.542	50.57	10.18
RADIOLOGY	567	618		40,740.07		65.92	.223	71.85	14.68
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	230	358		8,423.47		23.53	.129	36.62	3.03
OTHER SERVICES/ALL X-OVERS	131	276		14,869.04		53.87	.099	113.50	5.36
@PHARMACY	813	1,828	\$	48,208.06	\$	26.37	.659	59.30	17.37
PRESCRIPTION DRUGS	798	1,781		47,022.96		26.40	.642	58.93	16.94
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	798	1,781		47,022.96		26.40	.642	58.93	16.94
MEDICAL SUPPLIES	28	47		1,185.10		25.21	.017	42.33	.43
@DENTIST	1	1	\$	20.00	\$	20.00	.000	20.00	.01
VISITS - DIAGNOSTIC	1	1		20.00		20.00	.000	20.00	.01
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 3,170
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N								

	2,776 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	10	25	\$	1,692.58	\$ 67.70	.009	\$ 169.26	\$.61
NURSE ANESTHESIST	18	150	\$	2,927.43	\$ 19.52	.054	\$ 162.64	\$ 1.05

NURSE MIDWIFE	3	6	\$	220.20	\$	36.70	.002	\$	73.40	\$	.08
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	825	3,624	\$	745,172.22	\$	205.62	1.305	\$	903.24	\$	268.43
HOSP INPATIENT TOTAL	246	609		672,381.62		1104.07	.219		2733.26		242.21
HSC HOSPITALS	206	478		520,417.58		1088.74	.172		2526.30		187.47
NON-HSC HOSPITAL TOTAL	41	131		151,964.04		1160.03	.047		3706.44		54.74
ACCOMMODATIONS	40	131		50,477.03		385.32	.047		1261.93		18.18
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.001		693.90		.25
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	39	128		49,783.13		388.93	.046		1276.49		17.93
ANCILLARIES	41	0		101,487.01		.00	.000		2475.29		36.56
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	713	3,015		72,790.60		24.14	1.086		102.09		26.22
MEDICAL	48	68		3,428.50		50.42	.024		71.43		1.24
SURGERY	56	81		3,015.22		37.22	.029		53.84		1.09
PATHOLOGY	349	998		13,754.19		13.78	.360		39.41		4.95
RADIOLOGY	78	79		5,558.12		70.36	.028		71.26		2.00
ROOM USE	357	642		27,025.11		42.10	.231		75.70		9.74
CROSSOVERS/ALL OTH OUTPTNT	380	1,147		20,009.46		17.45	.413		52.66		7.21
@COUNTY HOSPITAL TOTAL	3	18	\$	512.47	\$	28.47	.006	\$	170.82	\$	.18
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	18		512.47		28.47	.006		170.82		.18
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	2	2		59.22		29.61	.001		29.61		.02
PATHOLOGY	1	6		128.74		21.46	.002		128.74		.05
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	4		259.30		64.83	.001		129.65		.09
CROSSOVERS/ALL OTH OUTPTNT	2	6		65.21		10.87	.002		32.61		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 3,171
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N										

	2,776 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	823	3,606	\$	744,659.75	\$	1.299	\$	268.25
COMM HOSP INPATIENT TOTAL	246	609		672,381.62		.219		242.21
HSC HOSPITALS	206	478		520,417.58		.172		187.47
NON-HSC HOSPITALS TOTAL	41	131		151,964.04		.047		54.74
ACCOMMODATIONS	40	131		50,477.03		.047		18.18
ADMINISTRATIVE DAYS	1	3		693.90		.001		.25
TRANSITIONAL IP CARE	0	0		.00		.000		.00
ALL OTHER ACCOM	39	128		49,783.13		.046		17.93
ANCILLARIES	41	0		101,487.01		.000		36.56
INPATIENT CROSSOVERS	0	0		.00		.000		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00
COMM HOSP OUTPATIENT TOTAL	711	2,997		72,278.13		1.080		26.04
MEDICAL	48	68		3,428.50		.024		1.24
SURGERY	54	79		2,956.00		.028		1.06
PATHOLOGY	348	992		13,625.45		.357		4.91

RADIOLOGY	78	79		5,558.12	70.36	.028	71.26	2.00
ROOM USE	356	638		26,765.81	41.95	.230	75.18	9.64
CROSSOVERS/ALL OTH OUTPTNT	378	1,141		19,944.25	17.48	.411	52.76	7.18
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	2	\$	80.97	\$ 40.49	.001	\$ 80.97	\$.03
HOSPITAL BASED	1	2		80.97	40.49	.001	80.97	.03
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	397	1,171	\$	16,951.98	\$ 14.48	.422	\$ 42.70	\$ 6.11
PATHOLOGY	397	1,171		16,951.98	14.48	.422	42.70	6.11
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	407	1,603	\$	95,123.36	\$ 59.34	.577	\$ 233.72	\$ 34.27
CLINIC	171	1,005		29,760.56	29.61	.362	174.04	10.72
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	240	598		65,362.80	109.30	.215	272.35	23.55
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SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N								
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
2,776 ELIGIBLES								
@ALL OTHER PROVIDERS	232	469	\$ 26,626.93	\$ 56.77	.169	\$ 114.77	\$ 9.59	
DURABLE MED. EQUIP.	19	19	1,351.86	71.15	.007	71.15	.49	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	15	167	1,921.48	11.51	.060	128.10	.69	
AMBULANCES/AIR TRANS	15	167	1,921.48	11.51	.060	128.10	.69	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	141	142	14,679.50	103.38	.051	104.11	5.29	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	1	7	246.31	35.19	.003	246.31	.09	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	74	134	8,427.78	62.89	.048	113.89	3.04	
PROSTHETICS	19	68	2,498.24	36.74	.024	131.49	.90	
ORTHOTICS	66	66	5,929.54	89.84	.024	89.84	2.14	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	61	\$ 10,967.03	\$ 179.79	.022	\$ 1370.88	\$ 3.95
@XOVER EXCLUDING STATE HOSP**	1	4	\$ 343.43	\$ 85.86	.001	\$ 343.43	\$.12

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,173
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 FRESNO COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

8,129 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21,998	110,185	\$ 3,784,757.74	\$ 34.35	13.555	\$ 172.05	\$ 465.59
@PHYSICIANS SERVICES	1,616	4,305	\$ 211,451.18	\$ 49.12	.530	\$ 130.85	\$ 26.01
OUTPATIENT VISITS	1,125	1,716	61,325.76	35.74	.211	54.51	7.54
OFFICE VISITS	628	753	24,526.12	32.57	.093	39.05	3.02
HOME VISITS	1	1	25.20	25.20	.000	25.20	.00
EMERGENCY ROOM	275	298	15,973.09	53.60	.037	58.08	1.96
PREVENTIVE CARE	7	7	285.18	40.74	.001	40.74	.04
OB VISITS/COMPRE PERI	126	498	14,478.53	29.07	.061	114.91	1.78
OTHER OUTPATIENT	145	159	6,037.64	37.97	.020	41.64	.74
INPATIENT VISITS	94	419	33,847.40	80.78	.052	360.08	4.16
HOSPITAL VISITS	75	260	15,082.72	58.01	.032	201.10	1.86
CRITICAL CARE	16	134	17,854.58	133.24	.016	1115.91	2.20
SNF/ICF/TRANS IP CARE	7	25	910.10	36.40	.003	130.01	.11
OPHTHALMOLOGICAL SERVICES	28	40	2,037.96	50.95	.005	72.78	.25
EXAMINATIONS	28	40	2,037.96	50.95	.005	72.78	.25
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	78	341	46,314.24	135.82	.042	593.77	5.70
PRINCIPAL SURGEON	53	68	37,821.15	556.19	.008	713.61	4.65
ASSISTANT SURGEON	4	2	637.48	318.74	.000	159.37	.08
ANESTHESIOLOGIST	31	271	7,855.61	28.99	.033	253.41	.97
OUTPATIENT SURGERY	140	312	29,716.36	95.24	.038	212.26	3.66
PRINCIPAL SURGEON	109	132	24,346.17	184.44	.016	223.36	2.99
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	48	180	5,370.19	29.83	.022	111.88	.66
DIALYSIS	1	2	201.62	100.81	.000	201.62	.02
PATHOLOGY	230	514	6,916.60	13.46	.063	30.07	.85
RADIOLOGY	274	381	13,919.49	36.53	.047	50.80	1.71
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	45	66	3,411.88	51.70	.008	75.82	.42
OTHER SERVICES/ALL X-OVERS	198	514	13,759.87	26.77	.063	69.49	1.69
@PHARMACY	1,949	13,674	\$ 231,645.17	\$ 16.94	1.682	\$ 118.85	\$ 28.50
PRESCRIPTION DRUGS	1,923	4,247	223,604.30	52.65	.522	116.28	27.51
SNF/ICF	12	43	5,328.98	123.93	.005	444.08	.66
OUTPATIENTS	1,914	4,204	218,275.32	51.92	.517	114.04	26.85
MEDICAL SUPPLIES	84	9,427	8,040.87	.85	1.160	95.72	.99
@DENTIST	6,750	42,276	\$ 1,305,298.51	\$ 30.88	5.201	\$ 193.38	\$ 160.57
VISITS - DIAGNOSTIC	4,841	28,028	329,363.60	11.75	3.448	68.04	40.52
ORAL SURGERY	1,017	2,037	137,578.25	67.54	.251	135.28	16.92
DRUGS	260	405	8,128.75	20.07	.050	31.26	1.00
ANESTHESIA	99	100	9,700.00	97.00	.012	97.98	1.19
PERIODONTICS	364	379	45,167.25	119.17	.047	124.09	5.56
ENDODONTICS	619	1,119	146,422.35	130.85	.138	236.55	18.01
RESTORATIVE DENTISTRY	2,661	9,259	553,022.45	59.73	1.139	207.83	68.03
PROSTHETICS	23	24	570.00	23.75	.003	24.78	.07

DENTURES, STAYPLATES	78	291	25,581.00	87.91	.036	327.96	3.15
SPACE MAINTAINERS	53	67	6,431.00	95.99	.008	121.34	.79
MAXILLOFACIAL SERVICES	48	49	4,487.37	91.58	.006	93.49	.55
FRACTURES, DISLOCATIONS	2	3	1,550.00	516.67	.000	775.00	.19
ORTHODONTIC SERVICES	358	423	36,846.49	87.11	.052	102.92	4.53
ALL OTHER SERVICES	73	92	450.00	4.89	.011	6.16	.06

#CALIF DEPT OF HEALTH SERV MOP024
FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES

AID CODE 38

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8,129 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	60	156	\$ 3,769.35	\$ 24.16	.019	\$ 62.82	\$.46
DIAGNOSTIC AND ANC. PROCED	48	48	2,240.88	46.69	.006	46.69	.28
EYE APPLIANCES	38	108	1,528.47	14.15	.013	40.22	.19
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	144	232	\$	3,878.20	\$	16.72	.029	\$	26.93	\$	.48
VISITS	144	232		3,878.20		16.72	.029		26.93		.48
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	5	18	\$	1,424.52	\$	79.14	.002	\$	284.90	\$	.18
NURSE ANESTHESIST	3	14	\$	311.55	\$	22.25	.002	\$	103.85	\$	.04
NURSE MIDWIFE	1	3	\$	184.20	\$	61.40	.000	\$	184.20	\$	.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	15	22	\$	596.17	\$	27.10	.003	\$	39.74	\$	.07
@TOTAL HOSPITAL	1,109	3,818	\$	954,820.26	\$	250.08	.470	\$	860.97	\$	117.46
HOSP INPATIENT TOTAL	127	555		857,494.95		1545.04	.068		6751.93		105.49
HSC HOSPITALS	120	534		840,013.23		1573.06	.066		7000.11		103.34
NON-HSC HOSPITAL TOTAL	7	21		17,481.72		832.46	.003		2497.39		2.15
ACCOMMODATIONS	7	21		6,139.79		292.37	.003		877.11		.76
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	21		6,139.79		292.37	.003		877.11		.76
ANCILLARIES	7	0		11,341.93		.00	.000		1620.28		1.40
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,008	3,263		97,325.31		29.83	.401		96.55		11.97
MEDICAL	182	257		10,690.35		41.60	.032		58.74		1.32
SURGERY	101	122		5,535.22		45.37	.015		54.80		.68
PATHOLOGY	272	1,006		13,918.77		13.84	.124		51.17		1.71
RADIOLOGY	168	218		12,220.89		56.06	.027		72.74		1.50
ROOM USE	614	784		33,473.88		42.70	.096		54.52		4.12
CROSSOVERS/ALL OTH OUTPTNT	482	876		21,486.20		24.53	.108		44.58		2.64
@COUNTY HOSPITAL TOTAL	31	102	\$	2,596.37	\$	25.45	.013	\$	83.75	\$	.32
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	31	102		2,596.37		25.45	.013		83.75		.32
MEDICAL	4	5		216.72		43.34	.001		54.18		.03
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	11	45		451.37		10.03	.006		41.03		.06
RADIOLOGY	6	9		281.50		31.28	.001		46.92		.03
ROOM USE	18	20		762.97		38.15	.002		42.39		.09
CROSSOVERS/ALL OTH OUTPTNT	15	23		883.81		38.43	.003		58.92		.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 3,175
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES										
						AID CODE 38					
							----- MONTHLY AVERAGE -----				
8,129 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER		
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	1,079	3,716	\$	952,223.89	\$	256.25	.457	\$	882.51	\$	117.14
COMM HOSP INPATIENT TOTAL	127	555		857,494.95		1545.04	.068		6751.93		105.49
HSC HOSPITALS	120	534		840,013.23		1573.06	.066		7000.11		103.34
NON-HSC HOSPITALS TOTAL	7	21		17,481.72		832.46	.003		2497.39		2.15
ACCOMMODATIONS	7	21		6,139.79		292.37	.003		877.11		.76

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	21	6,139.79	292.37	.003	877.11	.76
ANCILLARIES	7	0	11,341.93	.00	.000	1620.28	1.40
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	978	3,161	94,728.94	29.97	.389	96.86	11.65
MEDICAL	178	252	10,473.63	41.56	.031	58.84	1.29
SURGERY	101	122	5,535.22	45.37	.015	54.80	.68
PATHOLOGY	262	961	13,467.40	14.01	.118	51.40	1.66
RADIOLOGY	162	209	11,939.39	57.13	.026	73.70	1.47
ROOM USE	597	764	32,710.91	42.82	.094	54.79	4.02
CROSSOVERS/ALL OTH OUTPTNT	467	853	20,602.39	24.15	.105	44.12	2.53
@STATE HOSPITAL	3	136	\$ 66,678.62	\$ 490.28	.017	\$ 22226.21	\$ 8.20
MENTALLY ILL	3	136	66,678.62	490.28	.017	22226.21	8.20
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	4	197	\$ 80,586.08	\$ 409.07	.024	\$ 20146.52	\$ 9.91
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	4	197	80,586.08	409.07	.024	20146.52	9.91
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	37	133	\$ 3,751.53	\$ 28.21	.016	\$ 101.39	\$.46
HOSPITAL BASED	28	98	3,090.71	31.54	.012	110.38	.38
INDEPENDENT FACILITY	10	35	660.82	18.88	.004	66.08	.08
@LABORATORY FACILITY	208	853	\$ 11,422.40	\$ 13.39	.105	\$ 54.92	\$ 1.41
PATHOLOGY	208	853	11,422.40	13.39	.105	54.92	1.41
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6,112	8,594	\$ 696,372.77	\$ 81.03	1.057	\$ 113.94	\$ 85.67
CLINIC	54	276	5,903.53	21.39	.034	109.32	.73
SURGICENTER	5	18	735.26	40.85	.002	147.05	.09
HEROIN DETOX CLINIC	6	92	1,061.77	11.54	.011	176.96	.13
RURAL HEALTH CLINIC	6,049	8,208	688,672.21	83.90	1.010	113.85	84.72

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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FEE-FOR-SERVICE/DENTAL

01/29/04

SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES

AID CODE 38

						----- MONTHLY AVERAGE -----			
8,129 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	6,143	35,754	\$	212,567.23	\$ 5.95	4.398	\$ 34.60	\$ 26.15	
DURABLE MED. EQUIP.	12	74		2,340.60	31.63	.009	195.05	.29	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	105	909		14,290.37	15.72	.112	136.10	1.76	
AMBULANCES/AIR TRANS	104	899		12,400.86	13.79	.111	119.24	1.53	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	2	10		1,889.51	188.95	.001	944.76	.23	
ACUPUNCTURE	5	12		216.26	18.02	.001	43.25	.03	
ADULT DAY HEALTH CARE CTR	0	0		18.27	.00	.000	.00	.00	
GENETIC DISEASE TESTING	146	146		15,256.00	104.49	.018	104.49	1.88	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	

OPTICIAN	1,110	2,381	21,477.10	9.02	.293	19.35	2.64
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	11	16	1,128.94	70.56	.002	102.63	.14
PROSTHETICS	6	10	596.80	59.68	.001	99.47	.07
ORTHOTICS	6	6	532.14	88.69	.001	88.69	.07
PSYCHOLOGIST	3	7	322.88	46.13	.001	107.63	.04
SPEECH AND AUDIOLOGY	3	6	319.99	53.33	.001	106.66	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,770	15,948	155,292.08	9.74	1.962	32.56	19.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	16,255	1,904.74	.12	2.000	238.09	.23
@CALIF. CHILDREN SERVICES*	633	11,903	\$ 832,504.78	\$ 69.94	1.464	\$ 1315.17	\$ 102.41
@XOVER EXCLUDING STATE HOSP**	2	10	\$ 135.96	\$ 13.60	.001	\$ 67.98	\$.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,177
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

	3,013 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,536	13,315	\$	455,979.90	\$ 34.25	4.419	\$ 296.86	\$ 151.34
@PHYSICIANS SERVICES	599	2,002	\$	65,349.03	\$ 32.64	.664	\$ 109.10	\$ 21.69
OUTPATIENT VISITS	489	782		24,436.34	31.25	.260	49.97	8.11
OFFICE VISITS	374	522		15,429.42	29.56	.173	41.26	5.12
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	68	76		3,626.64	47.72	.025	53.33	1.20
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	17	105		3,075.32	29.29	.035	180.90	1.02
OTHER OUTPATIENT	69	79		2,304.96	29.18	.026	33.41	.77
INPATIENT VISITS	12	35		1,813.20	51.81	.012	151.10	.60
HOSPITAL VISITS	12	31		1,326.80	42.80	.010	110.57	.44
CRITICAL CARE	2	4		486.40	121.60	.001	243.20	.16
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	12	13		545.38	41.95	.004	45.45	.18
EXAMINATIONS	12	13		545.38	41.95	.004	45.45	.18
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	14	31		5,074.75	163.70	.010	362.48	1.68
PRINCIPAL SURGEON	11	12		4,353.72	362.81	.004	395.79	1.44
ASSISTANT SURGEON	1	1		186.50	186.50	.000	186.50	.06
ANESTHESIOLOGIST	3	18		534.53	29.70	.006	178.18	.18
OUTPATIENT SURGERY	58	127		9,621.43	75.76	.042	165.89	3.19
PRINCIPAL SURGEON	49	59		8,142.60	138.01	.020	166.18	2.70
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	14	68		1,478.83	21.75	.023	105.63	.49
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	90	238		4,782.89	20.10	.079	53.14	1.59
RADIOLOGY	132	215		9,508.96	44.23	.071	72.04	3.16
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	27	38		496.87	13.08	.013	18.40	.16
OTHER SERVICES/ALL X-OVERS	97	523		9,069.21	17.34	.174	93.50	3.01
@PHARMACY	936	7,133	\$	215,634.64	\$ 30.23	2.367	\$ 230.38	\$ 71.57
PRESCRIPTION DRUGS	920	3,140		207,839.86	66.19	1.042	225.91	68.98
SNF/ICF	2	6		329.32	54.89	.002	164.66	.11
OUTPATIENTS	918	3,134		207,510.54	66.21	1.040	226.05	68.87

MEDICAL SUPPLIES	57	3,993		7,794.78		1.95	1.325	136.75	2.59
@DENTIST	173	909	\$	31,516.25	\$	34.67	.302	\$ 182.17	\$ 10.46
VISITS - DIAGNOSTIC	117	567		6,893.25		12.16	.188	58.92	2.29
ORAL SURGERY	27	75		4,099.00		54.65	.025	151.81	1.36
DRUGS	3	7		115.00		16.43	.002	38.33	.04
ANESTHESIA	2	2		200.00		100.00	.001	100.00	.07
PERIODONTICS	13	13		1,971.00		151.62	.004	151.62	.65
ENDODONTICS	12	17		2,735.00		160.88	.006	227.92	.91
RESTORATIVE DENTISTRY	65	194		12,855.00		66.26	.064	197.77	4.27
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	7	22		1,948.00		88.55	.007	278.29	.65
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	10	11		700.00		63.64	.004	70.00	.23
ALL OTHER SERVICES	1	1		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 3,178
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P								

----- MONTHLY AVERAGE -----									
3,013 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	23	63	\$ 1,335.90	\$ 21.20	.021	\$ 58.08	\$.44		
DIAGNOSTIC AND ANC. PROCED	12	14	564.86	40.35	.005	47.07	.19		
EYE APPLIANCES	16	48	747.04	15.56	.016	46.69	.25		
OTHER OPTOMETRIC SERVICES	1	1	24.00	24.00	.000	24.00	.01		
@CHIROPRACTOR	4	6	\$ 100.32	\$ 16.72	.002	\$ 25.08	\$.03		
VISITS	4	6	100.32	16.72	.002	25.08	.03		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	3	5	\$ 241.36	\$ 48.27	.002	\$ 80.45	\$.08		
MEDICINE/INJECTIONS	2	2	81.60	40.80	.001	40.80	.03		
SURGERY/ANES.	1	1	15.00	15.00	.000	15.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	1	2	144.76	72.38	.001	144.76	.05		
@HOME HEALTH AGENCY	3	20	\$ 1,452.47	\$ 72.62	.007	\$ 484.16	\$.48		
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	8	12	\$ 290.44	\$ 24.20	.004	\$ 36.31	\$.10		
@TOTAL HOSPITAL	323	1,418	\$ 98,735.73	\$ 69.63	.471	\$ 305.68	\$ 32.77		
HOSP INPATIENT TOTAL	13	46	56,020.05	1217.83	.015	4309.23	18.59		
HSC HOSPITALS	11	36	46,450.05	1290.28	.012	4222.73	15.42		
NON-HSC HOSPITAL TOTAL	2	10	9,570.00	957.00	.003	4785.00	3.18		
ACCOMMODATIONS	2	10	9,569.87	956.99	.003	4784.94	3.18		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	2	10	9,569.87	956.99	.003	4784.94	3.18		
ANCILLARIES	2	0	.13	.00	.000	.07	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	320	1,372	42,715.68	31.13	.455	133.49	14.18		
MEDICAL	67	116	5,168.83	44.56	.038	77.15	1.72		
SURGERY	42	45	1,650.03	36.67	.015	39.29	.55		
PATHOLOGY	112	453	5,460.76	12.05	.150	48.76	1.81		
RADIOLOGY	83	115	11,499.13	99.99	.038	138.54	3.82		
ROOM USE	195	283	12,456.17	44.01	.094	63.88	4.13		
CROSSOVERS/ALL OTH OUTPTNT	116	360	6,480.76	18.00	.119	55.87	2.15		
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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3,013 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	323	1,418	\$ 98,735.73	\$ 69.63	.471	\$ 305.68	\$ 32.77
COMM HOSP INPATIENT TOTAL	13	46	56,020.05	1217.83	.015	4309.23	18.59
HSC HOSPITALS	11	36	46,450.05	1290.28	.012	4222.73	15.42
NON-HSC HOSPITALS TOTAL	2	10	9,570.00	957.00	.003	4785.00	3.18
ACCOMMODATIONS	2	10	9,569.87	956.99	.003	4784.94	3.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	9,569.87	956.99	.003	4784.94	3.18
ANCILLARIES	2	0	.13	.00	.000	.07	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	320	1,372	42,715.68	31.13	.455	133.49	14.18
MEDICAL	67	116	5,168.83	44.56	.038	77.15	1.72
SURGERY	42	45	1,650.03	36.67	.015	39.29	.55
PATHOLOGY	112	453	5,460.76	12.05	.150	48.76	1.81
RADIOLOGY	83	115	11,499.13	99.99	.038	138.54	3.82
ROOM USE	195	283	12,456.17	44.01	.094	63.88	4.13
CROSSOVERS/ALL OTH OUTPTNT	116	360	6,480.76	18.00	.119	55.87	2.15
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	30	1,728.15	57.61	.010	1728.15	.57
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	30	1,728.15	57.61	.010	1728.15	.57
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	19	57	1,425.68	25.01	.019	75.04	.47
HOSPITAL BASED	14	45	1,175.83	26.13	.015	83.99	.39
INDEPENDENT FACILITY	5	12	249.85	20.82	.004	49.97	.08
@LABORATORY FACILITY	90	526	5,008.81	9.52	.175	55.65	1.66
PATHOLOGY	90	526	5,008.81	9.52	.175	55.65	1.66
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	146	253	16,799.89	66.40	.084	115.07	5.58
CLINIC	8	23	446.74	19.42	.008	55.84	.15
SURGICENTER	7	29	699.83	24.13	.010	99.98	.23
HEROIN DETOX CLINIC	2	36	366.30	10.18	.012	183.15	.12
RURAL HEALTH CLINIC	129	165	15,287.02	92.65	.055	118.50	5.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
FRESNO COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P						

3,013 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	241	881	\$ 16,361.23	\$ 18.57	.292	\$ 67.89	\$ 5.43
DURABLE MED. EQUIP.	7	12	1,396.45	116.37	.004	199.49	.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	44	207	4,161.80	20.11	.069	94.59	1.38
AMBULANCES/AIR TRANS	43	203	4,126.04	20.33	.067	95.95	1.37
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	4	35.76	8.94	.001	35.76	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	2	41	2,828.05	68.98	.014	1414.03	.94
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	42	111	1,105.35	9.96	.037	26.32	.37
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8	23	1,489.74	64.77	.008	186.22	.49
PROSTHETICS	8	23	1,489.74	64.77	.008	186.22	.49
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	16	462.62	28.91	.005	77.10	.15
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	131	465	4,769.29	10.26	.154	36.41	1.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	5	42.93	8.59	.002	14.31	.01
@CALIF. CHILDREN SERVICES*	92	600	\$ 35,343.58	\$ 58.91	.199	\$ 384.17	\$ 11.73
@XOVER EXCLUDING STATE HOSP**	39	1,007	\$ 4,513.60	\$ 4.48	.334	\$ 115.73	\$ 1.50

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,181
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED	AID CODE 1E	

1,175 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,648	101,799	\$ 2,345,561.27	\$ 23.04	86.637	\$ 1423.28	\$ 1996.22
@PHYSICIANS SERVICES	146	341	\$ 5,427.16	\$ 15.92	.290	\$ 37.17	\$ 4.62
OUTPATIENT VISITS	9	11	291.00	26.45	.009	32.33	.25
OFFICE VISITS	9	11	291.00	26.45	.009	32.33	.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	40.00	20.00	.002	20.00	.03
EXAMINATIONS	2	2	40.00	20.00	.002	20.00	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		27.52		13.76	.002	13.76	.02
OTHER SERVICES/ALL X-OVERS	134	326		5,068.64		15.55	.277	37.83	4.31
@PHARMACY	1,443	52,729	\$	367,659.58	\$	6.97	44.876	\$ 254.79	\$ 312.90
PRESCRIPTION DRUGS	1,397	5,794		349,349.38		60.30	4.931	250.07	297.32
SNF/ICF	592	3,277		181,502.97		55.39	2.789	306.59	154.47
OUTPATIENTS	823	2,517		167,846.41		66.69	2.142	203.94	142.85
MEDICAL SUPPLIES	185	46,935		18,310.20		.39	39.945	98.97	15.58
@DENTIST	54	180	\$	7,955.04	\$	44.19	.153	\$ 147.32	\$ 6.77
VISITS - DIAGNOSTIC	38	132		1,585.04		12.01	.112	41.71	1.35
ORAL SURGERY	3	12		737.00		61.42	.010	245.67	.63
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	7	7		519.00		74.14	.006	74.14	.44
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	15		1,404.00		93.60	.013	234.00	1.19
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	9	13		3,710.00		285.38	.011	412.22	3.16
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00		.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

AID CODE 1E

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01/29/04

1,175 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	35	94	\$ 1,657.09	\$ 17.63	.080	\$ 47.35	\$ 1.41
DIAGNOSTIC AND ANC. PROCED	6	6	159.26	26.54	.005	26.54	.14
EYE APPLIANCES	27	76	1,245.77	16.39	.065	46.14	1.06
OTHER OPTOMETRIC SERVICES	7	12	252.06	21.01	.010	36.01	.21
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	72	106	\$ 378.47	\$ 3.57	.090	\$ 5.26	\$.32
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	72	106	378.47	3.57	.090	5.26	.32
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	1	2	20.30	10.15	.002	20.30	.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	94	345	\$ 28,836.81	\$ 83.58	.294	\$ 306.77	\$ 24.54
HOSP INPATIENT TOTAL	25	84	23,068.51	274.63	.071	922.74	19.63
HSC HOSPITALS	1	2	2,704.15	1352.08	.002	2704.15	2.30
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	24	82	20,364.36	248.35	.070	848.52	17.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	82	261	5,768.30	22.10	.222	70.35	4.91
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	82	261	5,768.30	22.10	.222	70.35	4.91
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,183
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED						AID CODE 1E

1,175 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	94	345	\$ 28,836.81	\$ 83.58	.294	\$ 306.77	\$ 24.54
COMM HOSP INPATIENT TOTAL	25	84	23,068.51	274.63	.071	922.74	19.63
HSC HOSPITALS	1	2	2,704.15	1352.08	.002	2704.15	2.30
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	24	82	20,364.36	248.35	.070	848.52	17.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	82	261	5,768.30	22.10	.222	70.35	4.91
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	82	261	5,768.30	22.10	.222	70.35	4.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	555	15,222	\$ 1,868,842.13	\$ 122.77	12.955	\$ 3367.28	\$ 1590.50
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	555	15,222	1,868,842.13	122.77	12.955	3367.28	1590.50
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	6	\$	3,079.80	\$ 513.30	.005	\$ 513.30	\$ 2.62
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	6		3,079.80	513.30	.005	513.30	2.62
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	17	\$	134.17	\$ 7.89	.014	\$ 44.72	\$.11
PATHOLOGY	1	11		111.70	10.15	.009	111.70	.10
XO AND OTHERS	2	6		22.47	3.75	.005	11.24	.02
@ORGANIZED OUTPATIENT CLINIC	59	89	\$	3,386.90	\$ 38.06	.076	\$ 57.41	\$ 2.88
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	1		195.82	195.82	.001	195.82	.17
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
FRESNO COUNTY

58 88 3,191.08 36.26 .075 55.02 2.72
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

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----- MONTHLY AVERAGE -----
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1,175 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	279	32,668	\$ 58,183.82	\$ 1.78	27.803	\$ 208.54	\$ 49.52
DURABLE MED. EQUIP.	15	177	9,888.22	55.87	.151	659.21	8.42
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	86	2,156	9,148.07	4.24	1.835	106.37	7.79
AMBULANCES/AIR TRANS	20	208	2,914.21	14.01	.177	145.71	2.48
OTHER TRANS	53	1,803	5,631.82	3.12	1.534	106.26	4.79
OTHER SERVICES	18	145	602.04	4.15	.123	33.45	.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	23	349	24,138.17	69.16	.297	1049.49	20.54
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	3	8	797.00	99.63	.007	265.67	.68
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	41	93	1,180.26	12.69	.079	28.79	1.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	8	17	10.38	.61	.014	1.30	.01
PROSTHETIST/ORTHOTISTS	3	6	140.74	23.46	.005	46.91	.12
PROSTHETICS	3	6	140.74	23.46	.005	46.91	.12
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5	637.63	127.53	.004	212.54	.54
HOSPICE SERVICES	3	47	5,219.21	111.05	.040	1739.74	4.44
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	106	29,810	7,024.14	.24	25.370	66.27	5.98
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	433	14,463	\$ 94,439.46	\$ 6.53	12.309	\$ 218.10	\$ 80.37

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,185
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	104	6,210	\$ 125,398.61	\$ 20.19	75.732	\$ 1205.76	\$ 1529.25
@PHYSICIANS SERVICES	12	92	\$ 638.70	\$ 6.94	1.122	\$ 53.23	\$ 7.79
OUTPATIENT VISITS	1	1	24.00	24.00	.012	24.00	.29
OFFICE VISITS	1	1	24.00	24.00	.012	24.00	.29
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		12.78	12.78	.012	12.78	.16
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	11	90		601.92	6.69	1.098	54.72	7.34
@PHARMACY	89	2,021	\$	32,981.47	\$ 16.32	24.646	\$ 370.58	\$ 402.21
PRESCRIPTION DRUGS	85	533		30,734.26	57.66	6.500	361.58	374.81
SNF/ICF	26	166		8,140.44	49.04	2.024	313.09	99.27
OUTPATIENTS	60	367		22,593.82	61.56	4.476	376.56	275.53
MEDICAL SUPPLIES	29	1,488		2,247.21	1.51	18.146	77.49	27.41
@DENTIST	5	26	\$	889.00	\$ 34.19	.317	\$ 177.80	\$ 10.84
VISITS - DIAGNOSTIC	3	14		82.00	5.86	.171	27.33	1.00
ORAL SURGERY	2	9		242.00	26.89	.110	121.00	2.95
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	1		90.00	90.00	.012	.00	1.10
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	2		475.00	237.50	.024	237.50	5.79
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 3,186
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E							

82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	6	\$ 92.56	\$ 15.43	.073	\$ 30.85	\$ 1.13
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	4	64.16	16.04	.049	32.08	.78
OTHER OPTOMETRIC SERVICES	1	2	28.40	14.20	.024	28.40	.35
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 45.40	\$ 22.70	.024	\$ 22.70	\$.55
MEDICINE/INJECTIONS	2	2	45.40	22.70	.024	22.70	.55
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	7	20	\$ 303.40	\$ 15.17	.244	\$ 43.34	\$ 3.70

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	20	303.40	15.17	.244	43.34	3.70
MEDICAL	1	1	65.17	65.17	.012	65.17	.79
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	68.90	34.45	.024	34.45	.84
CROSSOVERS/ALL OTH OUTPTNT	5	17	169.33	9.96	.207	33.87	2.07
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 3,187
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E						
82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	20	\$ 303.40	\$ 15.17	.244	\$ 43.34	\$ 3.70
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	20	303.40	15.17	.244	43.34	3.70
MEDICAL	1	1	65.17	65.17	.012	65.17	.79
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	68.90	34.45	.024	34.45	.84
CROSSOVERS/ALL OTH OUTPTNT	5	17	169.33	9.96	.207	33.87	2.07
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	26	622	\$	74,259.11	\$ 119.39	7.585	\$ 2856.12	\$ 905.60
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	26	622		74,259.11	119.39	7.585	2856.12	905.60
@INTERMEDIATE CARE FACIL.-DD	3	67	\$	12,246.93	\$ 182.79	.817	\$ 4082.31	\$ 149.35
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	3	67		12,246.93	182.79	.817	4082.31	149.35
@HEMODIALYSIS TOTAL	5	12	\$	2,457.33	\$ 204.78	.146	\$ 491.47	\$ 29.97
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	5	12		2,457.33	204.78	.146	491.47	29.97
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	4	\$	333.58	\$ 83.40	.049	\$ 83.40	\$ 4.07
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	1		195.82	195.82	.012	195.82	2.39
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	3		137.76	45.92	.037	45.92	1.68
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	20	3,338	\$ 1,151.13	\$.34	40.707	\$ 57.56	\$ 14.04
DURABLE MED. EQUIP.	1	1	59.06	59.06	.012	59.06	.72
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	80	316.53	3.96	.976	63.31	3.86
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	4	64	267.88	4.19	.780	66.97	3.27
OTHER SERVICES	2	16	48.65	3.04	.195	24.33	.59
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.024	16.64	.20
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	97.98	48.99	.024	97.98	1.19
PROSTHETICS	1	2	97.98	48.99	.024	97.98	1.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	184.50	46.13	.049	92.25	2.25
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	10	3,249		476.42		.15	39.622		47.64		5.81
@CALIF. CHILDREN SERVICES*	12	44	\$	3,255.71	\$	73.99	.537	\$	271.31	\$	39.70
@XOVER EXCLUDING STATE HOSP**	25	646	\$	8,206.39	\$	12.70	7.878	\$	328.26	\$	100.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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FRESNO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

						----- MONTHLY AVERAGE -----		
3,183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,958	155,597	\$	3,813,230.68	\$ 24.51	48.884	\$ 963.42	\$ 1198.00
@PHYSICIANS SERVICES	920	4,197	\$	119,872.13	\$ 28.56	1.319	\$ 130.30	\$ 37.66
OUTPATIENT VISITS	506	737		25,991.58	35.27	.232	51.37	8.17
OFFICE VISITS	323	471		14,973.31	31.79	.148	46.36	4.70

HOME VISITS	1	1		51.60	51.60	.000	51.60	.02
EMERGENCY ROOM	97	118		6,828.19	57.87	.037	70.39	2.15
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	13		268.30	20.64	.004	134.15	.08
OTHER OUTPATIENT	112	134		3,870.18	28.88	.042	34.56	1.22
INPATIENT VISITS	52	188		7,881.96	41.93	.059	151.58	2.48
HOSPITAL VISITS	30	143		5,390.72	37.70	.045	179.69	1.69
CRITICAL CARE	4	12		1,459.20	121.60	.004	364.80	.46
SNF/ICF/TRANS IP CARE	23	33		1,032.04	31.27	.010	44.87	.32
OPHTHALMOLOGICAL SERVICES	24	30		1,177.51	39.25	.009	49.06	.37
EXAMINATIONS	24	30		1,177.51	39.25	.009	49.06	.37
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	50		6,037.84	120.76	.016	503.15	1.90
PRINCIPAL SURGEON	12	20		5,038.81	251.94	.006	419.90	1.58
ASSISTANT SURGEON	1	1		219.28	219.28	.000	219.28	.07
ANESTHESIOLOGIST	2	29		779.75	26.89	.009	389.88	.24
OUTPATIENT SURGERY	66	128		16,333.57	127.61	.040	247.48	5.13
PRINCIPAL SURGEON	59	79		14,839.02	187.84	.025	251.51	4.66
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	49		1,494.55	30.50	.015	135.87	.47
DIALYSIS	3	8		461.32	57.67	.003	153.77	.14
PATHOLOGY	108	283		2,799.29	9.89	.089	25.92	.88
RADIOLOGY	170	312		12,769.91	40.93	.098	75.12	4.01
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	35	629		15,917.65	25.31	.198	454.79	5.00
OTHER SERVICES/ALL X-OVERS	365	1,832		30,501.50	16.65	.576	83.57	9.58
@PHARMACY	3,115	64,030	\$	1,154,000.11	\$ 18.02	20.116	\$ 370.47	\$ 362.55
PRESCRIPTION DRUGS	3,037	12,908		999,730.85	77.45	4.055	329.18	314.08
SNF/ICF	505	2,817		195,159.27	69.28	.885	386.45	61.31
OUTPATIENTS	2,546	10,091		804,571.58	79.73	3.170	316.01	252.77
MEDICAL SUPPLIES	408	51,122		154,269.26	3.02	16.061	378.11	48.47
@DENTIST	228	968	\$	32,629.08	\$ 33.71	.304	\$ 143.11	\$ 10.25
VISITS - DIAGNOSTIC	155	583		7,933.00	13.61	.183	51.18	2.49
ORAL SURGERY	28	81		3,853.00	47.57	.025	137.61	1.21
DRUGS	3	5		95.00	19.00	.002	31.67	.03
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.03
PERIODONTICS	28	34		2,753.00	80.97	.011	98.32	.86
ENDODONTICS	10	12		2,293.00	191.08	.004	229.30	.72
RESTORATIVE DENTISTRY	54	127		8,419.00	66.29	.040	155.91	2.64
PROSTHETICS	3	3		90.00	30.00	.001	30.00	.03
DENTURES, STAYPLATES	23	97		6,981.00	71.97	.030	303.52	2.19
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		112.08	112.08	.000	112.08	.04
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	16	24		.00	.00	.008	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY								
				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003				PAGE 3,190
				FEE-FOR-SERVICE/DENTAL				01/29/04
				SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E				

	3,183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
							UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	73	228	\$		4,817.32	\$ 21.13	.072	\$ 65.99	\$ 1.51
DIAGNOSTIC AND ANC. PROCED	42	42			1,903.74	45.33	.013	45.33	.60
EYE APPLIANCES	57	175			2,767.73	15.82	.055	48.56	.87
OTHER OPTOMETRIC SERVICES	7	11			145.85	13.26	.003	20.84	.05
@CHIROPRACTOR	6	11	\$		150.48	\$ 13.68	.003	\$ 25.08	\$.05
VISITS	6	11			150.48	13.68	.003	25.08	.05
OTHER SERVICES	0	0			.00	.00	.000	.00	.00
@PODIATRIST	72	97	\$		1,416.58	\$ 14.60	.030	\$ 19.67	\$.45

MEDICINE/INJECTIONS	32	35		1,005.76	28.74	.011	31.43	.32
SURGERY/ANES.	1	1		15.00	15.00	.000	15.00	.00
RADIO./PATHOLOGY	4	4		69.20	17.30	.001	17.30	.02
OTHER	41	57		326.62	5.73	.018	7.97	.10
@HOME HEALTH AGENCY	13	988	\$	30,827.64	\$ 31.20	.310	\$ 2371.36	\$ 9.69
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	7	\$	197.67	\$ 28.24	.002	\$ 65.89	\$.06
@TOTAL HOSPITAL	570	3,013	\$	425,018.47	\$ 141.06	.947	\$ 745.65	\$ 133.53
HOSP INPATIENT TOTAL	55	396		304,442.37	768.79	.124	5535.32	95.65
HSC HOSPITALS	32	220		265,670.28	1207.59	.069	8302.20	83.47
NON-HSC HOSPITAL TOTAL	5	25		19,215.85	768.63	.008	3843.17	6.04
ACCOMMODATIONS	5	25		6,466.53	258.66	.008	1293.31	2.03
ADMINISTRATIVE DAYS	1	19		4,394.70	231.30	.006	4394.70	1.38
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	6		2,071.83	345.31	.002	517.96	.65
ANCILLARIES	5	0		12,749.32	.00	.000	2549.86	4.01
INPATIENT CROSSOVERS	19	151		19,556.24	129.51	.047	1029.28	6.14
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	545	2,617		120,576.10	46.07	.822	221.24	37.88
MEDICAL	79	142		6,824.59	48.06	.045	86.39	2.14
SURGERY	26	33		1,860.13	56.37	.010	71.54	.58
PATHOLOGY	161	684		8,696.68	12.71	.215	54.02	2.73
RADIOLOGY	110	272		19,410.12	71.36	.085	176.46	6.10
ROOM USE	265	411		17,089.36	41.58	.129	64.49	5.37
CROSSOVERS/ALL OTH OUTPTNT	283	1,075		66,695.22	62.04	.338	235.67	20.95
@COUNTY HOSPITAL TOTAL	5	33	\$	11,344.60	\$ 343.78	.010	\$ 2268.92	\$ 3.56
CO HOSPITAL INPATIENT TOTAL	3	21		11,144.00	530.67	.007	3714.67	3.50
HSC HOSPITALS	1	7		9,464.00	1352.00	.002	9464.00	2.97
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	14		1,680.00	120.00	.004	840.00	.53
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	12		200.60	16.72	.004	100.30	.06
MEDICAL	1	1		48.59	48.59	.000	48.59	.02
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	8		59.32	7.42	.003	59.32	.02
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	2		83.22	41.61	.001	41.61	.03
CROSSOVERS/ALL OTH OUTPTNT	1	1		9.47	9.47	.000	9.47	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 3,191
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E							

----- MONTHLY AVERAGE -----								
3,183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	566	2,980	\$ 413,673.87	\$ 138.82	.936	\$ 730.87	\$ 129.96	
COMM HOSP INPATIENT TOTAL	52	375	293,298.37	782.13	.118	5640.35	92.15	
HSC HOSPITALS	31	213	256,206.28	1202.85	.067	8264.72	80.49	
NON-HSC HOSPITALS TOTAL	5	25	19,215.85	768.63	.008	3843.17	6.04	
ACCOMMODATIONS	5	25	6,466.53	258.66	.008	1293.31	2.03	
ADMINISTRATIVE DAYS	1	19	4,394.70	231.30	.006	4394.70	1.38	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	4	6	2,071.83	345.31	.002	517.96	.65	
ANCILLARIES	5	0	12,749.32	.00	.000	2549.86	4.01	

INPATIENT CROSSOVERS	17	137		17,876.24		130.48	.043	1051.54		5.62
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	543	2,605		120,375.50		46.21	.818	221.69		37.82
MEDICAL	78	141		6,776.00		48.06	.044	86.87		2.13
SURGERY	26	33		1,860.13		56.37	.010	71.54		.58
PATHOLOGY	160	676		8,637.36		12.78	.212	53.98		2.71
RADIOLOGY	110	272		19,410.12		71.36	.085	176.46		6.10
ROOM USE	263	409		17,006.14		41.58	.128	64.66		5.34
CROSSOVERS/ALL OTH OUTPTNT	282	1,074		66,685.75		62.09	.337	236.47		20.95
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	428	11,080	\$	1,599,065.97	\$	144.32	3.481	3736.14	\$	502.38
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	2	48		29,466.72		613.89	.015	14733.36		9.26
LEV B-SUBACUTE HSPTL BASED	17	513		268,346.70		523.09	.161	15785.10		84.31
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	414	10,519		1,301,252.55		123.70	3.305	3143.12		408.81
@INTERMEDIATE CARE FACIL.-DD	37	1,013	\$	166,300.73	\$	164.17	.318	4494.61	\$	52.25
ICF DDH	17	547		81,595.99		149.17	.172	4799.76		25.63
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	20	466		84,704.74		181.77	.146	4235.24		26.61
@HEMODIALYSIS TOTAL	44	100	\$	21,333.75	\$	213.34	.031	484.86	\$	6.70
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	44	100		21,333.75		213.34	.031	484.86		6.70
@REHABILITATION FACILITY	34	155	\$	3,260.26	\$	21.03	.049	95.89	\$	1.02
HOSPITAL BASED	21	72		1,867.16		25.93	.023	88.91		.59
INDEPENDENT FACILITY	13	83		1,393.10		16.78	.026	107.16		.44
@LABORATORY FACILITY	119	757	\$	7,718.12	\$	10.20	.238	64.86	\$	2.42
PATHOLOGY	119	757		7,718.12		10.20	.238	64.86		2.42
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	245	426	\$	29,888.27	\$	70.16	.134	121.99	\$	9.39
CLINIC	6	13		337.05		25.93	.004	56.18		.11
SURGICENTER	11	58		2,103.52		36.27	.018	191.23		.66
HEROIN DETOX CLINIC	3	36		403.47		11.21	.011	134.49		.13
RURAL HEALTH CLINIC	225	319		27,044.23		84.78	.100	120.20		8.50

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

3,183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	656	68,527	\$ 216,734.10	\$ 3.16	21.529	\$ 330.39	\$ 68.09
DURABLE MED. EQUIP.	52	234	11,722.57	50.10	.074	225.43	3.68
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	4	928.31	232.08	.001	464.16	.29
MEDICAL TRANSPORTATION	210	8,734	36,101.20	4.13	2.744	171.91	11.34
AMBULANCES/AIR TRANS	106	995	14,171.68	14.24	.313	133.70	4.45
OTHER TRANS	75	7,505	20,898.86	2.78	2.358	278.65	6.57
OTHER SERVICES	34	234	1,030.66	4.40	.074	30.31	.32
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	39	568	39,379.94	69.33	.178	1009.74	12.37
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	14	2,901	85,606.77	29.51	.911	6114.77	26.89
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	131	336	5,268.14	15.68	.106	40.21	1.66
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	4	84.21	21.05	.001	28.07	.03
PROSTHETIST/ORTHOTISTS	11	60	7,588.44	126.47	.019	689.86	2.38

PROSTHETICS	11	60		7,588.44		126.47	.019	689.86	2.38
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	26	86		3,892.80		45.27	.027	149.72	1.22
HOSPICE SERVICES	2	63		7,207.35		114.40	.020	3603.68	2.26
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	80	599		4,351.09		7.26	.188	54.39	1.37
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	126	54,938		14,603.28		.27	17.260	115.90	4.59
@CALIF. CHILDREN SERVICES*	131	8,798	\$	119,278.69	\$	13.56	2.764	\$ 910.52	\$ 37.47
@XOVER EXCLUDING STATE HOSP**	585	7,432	\$	116,919.06	\$	15.73	2.335	\$ 199.86	\$ 36.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,193
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

4,440 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,710	263,606	\$ 6,284,190.56	\$ 23.84	59.371	\$ 1100.56	\$ 1415.36
@PHYSICIANS SERVICES	1,078	4,630	\$ 125,937.99	\$ 27.20	1.043	\$ 116.83	\$ 28.36
OUTPATIENT VISITS	516	749	26,306.58	35.12	.169	50.98	5.92
OFFICE VISITS	333	483	15,288.31	31.65	.109	45.91	3.44
HOME VISITS	1	1	51.60	51.60	.000	51.60	.01
EMERGENCY ROOM	97	118	6,828.19	57.87	.027	70.39	1.54
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	13	268.30	20.64	.003	134.15	.06
OTHER OUTPATIENT	112	134	3,870.18	28.88	.030	34.56	.87
INPATIENT VISITS	52	188	7,881.96	41.93	.042	151.58	1.78
HOSPITAL VISITS	30	143	5,390.72	37.70	.032	179.69	1.21
CRITICAL CARE	4	12	1,459.20	121.60	.003	364.80	.33
SNF/ICF/TRANS IP CARE	23	33	1,032.04	31.27	.007	44.87	.23
OPHTHALMOLOGICAL SERVICES	26	32	1,217.51	38.05	.007	46.83	.27
EXAMINATIONS	26	32	1,217.51	38.05	.007	46.83	.27
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	50	6,037.84	120.76	.011	503.15	1.36
PRINCIPAL SURGEON	12	20	5,038.81	251.94	.005	419.90	1.13
ASSISTANT SURGEON	1	1	219.28	219.28	.000	219.28	.05
ANESTHESIOLOGIST	2	29	779.75	26.89	.007	389.88	.18
OUTPATIENT SURGERY	66	128	16,333.57	127.61	.029	247.48	3.68
PRINCIPAL SURGEON	59	79	14,839.02	187.84	.018	251.51	3.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	49	1,494.55	30.50	.011	135.87	.34
DIALYSIS	3	8	461.32	57.67	.002	153.77	.10
PATHOLOGY	109	284	2,812.07	9.90	.064	25.80	.63
RADIOLOGY	170	312	12,769.91	40.93	.070	75.12	2.88
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	37	631	15,945.17	25.27	.142	430.95	3.59
OTHER SERVICES/ALL X-OVERS	510	2,248	36,172.06	16.09	.506	70.93	8.15
@PHARMACY	4,647	118,780	\$ 1,554,641.16	\$ 13.09	26.752	\$ 334.55	\$ 350.14
PRESCRIPTION DRUGS	4,519	19,235	1,379,814.49	71.73	4.332	305.34	310.77
SNF/ICF	1,123	6,260	384,802.68	61.47	1.410	342.66	86.67
OUTPATIENTS	3,429	12,975	995,011.81	76.69	2.922	290.18	224.10
MEDICAL SUPPLIES	622	99,545	174,826.67	1.76	22.420	281.07	39.38
@DENTIST	287	1,174	\$ 41,473.12	\$ 35.33	.264	\$ 144.51	\$ 9.34
VISITS - DIAGNOSTIC	196	729	9,600.04	13.17	.164	48.98	2.16
ORAL SURGERY	33	102	4,832.00	47.37	.023	146.42	1.09

DRUGS	3	5	95.00	19.00	.001	31.67	.02
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02
PERIODONTICS	35	41	3,272.00	79.80	.009	93.49	.74
ENDODONTICS	10	12	2,293.00	191.08	.003	229.30	.52
RESTORATIVE DENTISTRY	60	143	9,913.00	69.32	.032	165.22	2.23
PROSTHETICS	3	3	90.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	34	112	11,166.00	99.70	.025	328.41	2.51
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	112.08	112.08	.000	112.08	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	18	25	.00	.00	.006	.00	.00

#CALIF DEPT OF HEALTH SERV
 MOP024
 FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 3,194
 01/29/04

----- MONTHLY AVERAGE -----

4,440 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	111	328	\$ 6,566.97	\$ 20.02	.074	\$ 59.16	\$ 1.48
DIAGNOSTIC AND ANC. PROCED	48	48	2,063.00	42.98	.011	42.98	.46
EYE APPLIANCES	86	255	4,077.66	15.99	.057	47.41	.92
OTHER OPTOMETRIC SERVICES	15	25	426.31	17.05	.006	28.42	.10
@CHIROPRACTOR	6	11	\$ 150.48	\$ 13.68	.002	\$ 25.08	\$.03
VISITS	6	11	150.48	13.68	.002	25.08	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	146	205	\$ 1,840.45	\$ 8.98	.046	\$ 12.61	\$.41
MEDICINE/INJECTIONS	34	37	1,051.16	28.41	.008	30.92	.24
SURGERY/ANES.	1	1	15.00	15.00	.000	15.00	.00
RADIO./PATHOLOGY	4	4	69.20	17.30	.001	17.30	.02
OTHER	113	163	705.09	4.33	.037	6.24	.16
@HOME HEALTH AGENCY	13	988	\$ 30,827.64	\$ 31.20	.223	\$ 2371.36	\$ 6.94
NURSE ANESTHESIST	1	2	20.30	10.15	.000	20.30	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	7	197.67	28.24	.002	65.89	.04
@TOTAL HOSPITAL	671	3,378	\$ 454,158.68	\$ 134.45	.761	\$ 676.84	\$ 102.29
HOSP INPATIENT TOTAL	80	480	327,510.88	682.31	.108	4093.89	73.76
HSC HOSPITALS	33	222	268,374.43	1208.89	.050	8132.56	60.44
NON-HSC HOSPITAL TOTAL	5	25	19,215.85	768.63	.006	3843.17	4.33
ACCOMMODATIONS	5	25	6,466.53	258.66	.006	1293.31	1.46
ADMINISTRATIVE DAYS	1	19	4,394.70	231.30	.004	4394.70	.99
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	6	2,071.83	345.31	.001	517.96	.47
ANCILLARIES	5	0	12,749.32	.00	.000	2549.86	2.87
INPATIENT CROSSOVERS	43	233	39,920.60	171.33	.052	928.39	8.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	634	2,898	126,647.80	43.70	.653	199.76	28.52
MEDICAL	80	143	6,889.76	48.18	.032	86.12	1.55
SURGERY	26	33	1,860.13	56.37	.007	71.54	.42
PATHOLOGY	161	684	8,696.68	12.71	.154	54.02	1.96
RADIOLOGY	110	272	19,410.12	71.36	.061	176.46	4.37
ROOM USE	267	413	17,158.26	41.55	.093	64.26	3.86
CROSSOVERS/ALL OTH OUTPTNT	370	1,353	72,632.85	53.68	.305	196.31	16.36
@COUNTY HOSPITAL TOTAL	5	33	\$ 11,344.60	\$ 343.78	.007	\$ 2268.92	\$ 2.56
CO HOSPITAL INPATIENT TOTAL	3	21	11,144.00	530.67	.005	3714.67	2.51
HSC HOSPITALS	1	7	9,464.00	1352.00	.002	9464.00	2.13
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	14	1,680.00	120.00	.003	840.00	.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	12	200.60	16.72	.003	100.30	.05
MEDICAL	1	1	48.59	48.59	.000	48.59	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	8	59.32	7.42	.002	59.32	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	83.22	41.61	.000	41.61	.02
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.47	9.47	.000	9.47	.00

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	667	3,345	\$	442,814.08	\$ 132.38	.753	\$ 663.89	\$ 99.73
COMM HOSP INPATIENT TOTAL	77	459		316,366.88	689.25	.103	4108.66	71.25
HSC HOSPITALS	32	215		258,910.43	1204.23	.048	8090.95	58.31
NON-HSC HOSPITALS TOTAL	5	25		19,215.85	768.63	.006	3843.17	4.33
ACCOMMODATIONS	5	25		6,466.53	258.66	.006	1293.31	1.46
ADMINISTRATIVE DAYS	1	19		4,394.70	231.30	.004	4394.70	.99
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	6		2,071.83	345.31	.001	517.96	.47
ANCILLARIES	5	0		12,749.32	.00	.000	2549.86	2.87
INPATIENT CROSSOVERS	41	219		38,240.60	174.61	.049	932.70	8.61
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	632	2,886		126,447.20	43.81	.650	200.07	28.48
MEDICAL	79	142		6,841.17	48.18	.032	86.60	1.54
SURGERY	26	33		1,860.13	56.37	.007	71.54	.42
PATHOLOGY	160	676		8,637.36	12.78	.152	53.98	1.95
RADIOLOGY	110	272		19,410.12	71.36	.061	176.46	4.37
ROOM USE	265	411		17,075.04	41.55	.093	64.43	3.85
CROSSOVERS/ALL OTH OUTPTNT	369	1,352		72,623.38	53.72	.305	196.81	16.36
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1,009	26,924	\$	3,542,167.21	\$ 131.56	6.064	\$ 3510.57	\$ 797.79
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	2	48		29,466.72	613.89	.011	14733.36	6.64
LEV B-SUBACUTE HSPTL BASED	17	513		268,346.70	523.09	.116	15785.10	60.44
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	995	26,363		3,244,353.79	123.06	5.938	3260.66	730.71
@INTERMEDIATE CARE FACIL.-DD	40	1,080	\$	178,547.66	\$ 165.32	.243	\$ 4463.69	\$ 40.21
ICF DDH	17	547		81,595.99	149.17	.123	4799.76	18.38
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	23	533		96,951.67	181.90	.120	4215.29	21.84
@HEMODIALYSIS TOTAL	55	118	\$	26,870.88	\$ 227.72	.027	\$ 488.56	\$ 6.05
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	55	118		26,870.88	227.72	.027	488.56	6.05
@REHABILITATION FACILITY	34	155	\$	3,260.26	\$ 21.03	.035	\$ 95.89	\$.73
HOSPITAL BASED	21	72		1,867.16	25.93	.016	88.91	.42
INDEPENDENT FACILITY	13	83		1,393.10	16.78	.019	107.16	.31
@LABORATORY FACILITY	122	774	\$	7,852.29	\$ 10.15	.174	\$ 64.36	\$ 1.77
PATHOLOGY	120	768		7,829.82	10.20	.173	65.25	1.76
XO AND OTHERS	2	6		22.47	3.75	.001	11.24	.01
@ORGANIZED OUTPATIENT CLINIC	308	519	\$	33,608.75	\$ 64.76	.117	\$ 109.12	\$ 7.57
CLINIC	6	13		337.05	25.93	.003	56.18	.08
SURGICENTER	13	60		2,495.16	41.59	.014	191.94	.56
HEROIN DETOX CLINIC	3	36		403.47	11.21	.008	134.49	.09
RURAL HEALTH CLINIC	286	410		30,373.07	74.08	.092	106.20	6.84

#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 3,196 01/29/04

	4,440 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	955		104,533	\$ 276,069.05	\$ 2.64	23.543	\$ 289.08	\$ 62.18
DURABLE MED. EQUIP.	68		412	21,669.85	52.60	.093	318.67	4.88
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2		4	928.31	232.08	.001	464.16	.21
MEDICAL TRANSPORTATION	301		10,970	45,565.80	4.15	2.471	151.38	10.26
AMBULANCES/AIR TRANS	126		1,203	17,085.89	14.20	.271	135.60	3.85
OTHER TRANS	132		9,372	26,798.56	2.86	2.111	203.02	6.04

OTHER SERVICES	54	395		1,681.35	4.26	.089	31.14	.38
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	62	917		63,518.11	69.27	.207	1024.49	14.31
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	17	2,909		86,403.77	29.70	.655	5082.57	19.46
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	173	431		6,465.04	15.00	.097	37.37	1.46
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	11	21		94.59	4.50	.005	8.60	.02
PROSTHETIST/ORTHOTISTS	15	68		7,827.16	115.11	.015	521.81	1.76
PROSTHETICS	15	68		7,827.16	115.11	.015	521.81	1.76
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	31	95		4,714.93	49.63	.021	152.09	1.06
HOSPICE SERVICES	5	110		12,426.56	112.97	.025	2485.31	2.80
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	80	599		4,351.09	7.26	.135	54.39	.98
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	242	87,997		22,103.84	.25	19.819	91.34	4.98
@CALIF. CHILDREN SERVICES*	143	8,842	\$	122,534.40	\$ 13.86	1.991	\$ 856.88	\$ 27.60
@XOVER EXCLUDING STATE HOSP**	1,043	22,541	\$	219,564.91	\$ 9.74	5.077	\$ 210.51	\$ 49.45

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,197
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	TOTAL CERTIFIED	

1,085,129 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	987,733	26,778,608	\$ 479,108,234.37	\$ 17.89	24.678	\$ 485.06	\$ 441.52
@PHYSICIANS SERVICES	231,735	1,050,967	\$ 32,609,871.96	\$ 31.03	.969	\$ 140.72	\$ 30.05
OUTPATIENT VISITS	131,472	284,021	8,983,438.56	31.63	.262	68.33	8.28
OFFICE VISITS	71,421	96,948	2,968,175.43	30.62	.089	41.56	2.74
HOME VISITS	401	521	21,957.00	42.14	.000	54.76	.02
EMERGENCY ROOM	25,487	30,624	1,787,312.28	58.36	.028	70.13	1.65
PREVENTIVE CARE	257	266	11,049.76	41.54	.000	43.00	.01
OB VISITS/COMPRE PERI	27,410	134,577	3,590,156.89	26.68	.124	130.98	3.31
OTHER OUTPATIENT	16,762	21,085	604,787.20	28.68	.019	36.08	.56
INPATIENT VISITS	16,323	62,335	4,049,029.48	64.96	.057	248.06	3.73
HOSPITAL VISITS	13,789	46,938	2,164,918.24	46.12	.043	157.00	2.00
CRITICAL CARE	1,305	10,758	1,722,278.48	160.09	.010	1319.75	1.59
SNF/ICF/TRANS IP CARE	1,951	4,639	161,832.76	34.89	.004	82.95	.15
OPHTHALMOLOGICAL SERVICES	3,371	4,022	176,205.35	43.81	.004	52.27	.16
EXAMINATIONS	3,366	4,015	175,785.14	43.78	.004	52.22	.16
SERVICES AND MATERIALS	7	7	420.21	60.03	.000	60.03	.00
INPATIENT HOSPITAL SURGERY	11,884	46,220	6,477,094.79	140.14	.043	545.03	5.97
PRINCIPAL SURGEON	8,754	12,075	5,389,365.97	446.32	.011	615.65	4.97
ASSISTANT SURGEON	1,394	1,421	272,542.44	191.80	.001	195.51	.25
ANESTHESIOLOGIST	3,692	32,724	815,186.38	24.91	.030	220.80	.75
OUTPATIENT SURGERY	12,894	27,370	2,435,594.38	88.99	.025	188.89	2.24
PRINCIPAL SURGEON	11,276	14,829	2,127,219.33	143.45	.014	188.65	1.96
ASSISTANT SURGEON	78	81	11,217.20	138.48	.000	143.81	.01
ANESTHESIOLOGIST	2,914	12,460	297,157.85	23.85	.011	101.98	.27
DIALYSIS	1,037	3,844	331,719.89	86.30	.004	319.88	.31
PATHOLOGY	32,816	73,227	1,226,867.07	16.75	.067	37.39	1.13
RADIOLOGY	41,786	72,899	2,834,982.82	38.89	.067	67.85	2.61
PSYCHIATRY	36	46	1,266.74	27.54	.000	35.19	.00

IMMUNIZATION AND INJECTION	7,303	68,357		1,686,852.38		24.68	.063	230.98	1.55
OTHER SERVICES/ALL X-OVERS	73,816	408,626		4,406,820.50		10.78	.377	59.70	4.06
@PHARMACY	434,132	9,807,373	\$	127,633,084.94	\$	13.01	9.038	\$ 294.00	\$ 117.62
PRESCRIPTION DRUGS	424,230	1,713,113		117,064,532.62		68.33	1.579	275.95	107.88
SNF/ICF	26,869	156,159		10,094,257.30		64.64	.144	375.68	9.30
OUTPATIENTS	399,000	1,556,954		106,970,275.32		68.70	1.435	268.10	98.58
MEDICAL SUPPLIES	58,846	8,094,260		10,568,552.32		1.31	7.459	179.60	9.74
@DENTIST	164,409	1,001,775	\$	30,558,863.23	\$	30.50	.923	\$ 185.87	\$ 28.16
VISITS - DIAGNOSTIC	118,027	665,985		7,851,606.57		11.79	.614	66.52	7.24
ORAL SURGERY	25,033	54,374		3,236,447.96		59.52	.050	129.29	2.98
DRUGS	5,090	7,428		152,838.72		20.58	.007	30.03	.14
ANESTHESIA	1,477	1,525		145,725.00		95.56	.001	98.66	.13
PERIODONTICS	11,126	11,790		1,409,457.00		119.55	.011	126.68	1.30
ENDODONTICS	12,098	20,149		2,781,352.53		138.04	.019	229.90	2.56
RESTORATIVE DENTISTRY	59,995	203,885		11,850,182.23		58.12	.188	197.52	10.92
PROSTHETICS	690	744		18,317.30		24.62	.001	26.55	.02
DENTURES, STAYPLATES	6,708	20,356		2,095,577.55		102.95	.019	312.40	1.93
SPACE MAINTAINERS	1,046	1,355		137,523.57		101.49	.001	131.48	.13
MAXILLOFACIAL SERVICES	937	966		98,473.62		101.94	.001	105.09	.09
FRACTURES, DISLOCATIONS	22	34		20,023.55		588.93	.000	910.16	.02
ORTHODONTIC SERVICES	7,513	9,153		750,023.64		81.94	.008	99.83	.69
ALL OTHER SERVICES	2,635	4,031		11,313.99		2.81	.004	4.29	.01
#CALIF DEPT OF HEALTH SERV									
MOP024									
FRESNO COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PAGE 3,198
 01/29/04

1,085,129 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@OPTOMETRIST	13,454	37,374	\$ 814,203.15	\$ 21.79	.034 \$ 60.52	\$.75
DIAGNOSTIC AND ANC. PROCED	6,724	6,791	307,355.11	45.26	.006 45.71	.28
EYE APPLIANCES	9,671	27,762	457,635.23	16.48	.026 47.32	.42
OTHER OPTOMETRIC SERVICES	1,853	2,821	49,212.81	17.45	.003 26.56	.05
@CHIROPRACTOR	3,501	6,107	\$ 100,445.00	\$ 16.45	.006 \$ 28.69	\$.09
VISITS	3,385	5,901	97,986.24	16.61	.005 28.95	.09
OTHER SERVICES	125	206	2,458.76	11.94	.000 19.67	.00
@PODIATRIST	9,285	13,105	\$ 209,703.77	\$ 16.00	.012 \$ 22.59	\$.19
MEDICINE/INJECTIONS	2,808	3,111	81,824.41	26.30	.003 29.14	.08
SURGERY/ANES.	89	102	7,051.98	69.14	.000 79.24	.01
RADIO./PATHOLOGY	174	214	3,732.64	17.44	.000 21.45	.00
OTHER	6,593	9,678	117,094.74	12.10	.009 17.76	.11
@HOME HEALTH AGENCY	1,888	96,460	\$ 3,141,000.50	\$ 32.56	.089 \$ 1663.67	\$ 2.89
NURSE ANESTHESIST	652	3,379	68,211.72	20.19	.003 \$ 104.62	\$.06
NURSE MIDWIFE	43	137	13,115.37	95.73	.000 \$ 305.01	\$.01
PEDIATRIC NURSE PRACTITIONER	14	25	694.54	27.78	.000 \$ 49.61	\$.00
FAMILY NURSE PRACTITIONER	2,143	4,992	93,335.36	18.70	.005 \$ 43.55	\$.09
@TOTAL HOSPITAL	136,293	675,209	\$ 118,486,258.93	\$ 175.48	.622 \$ 869.35	\$ 109.19
HOSP INPATIENT TOTAL	18,100	92,745	101,582,504.85	1095.29	.085 5612.29	93.61
HSC HOSPITALS	13,805	70,522	90,191,168.48	1278.91	.065 6533.22	83.12
NON-HSC HOSPITAL TOTAL	2,134	8,621	9,407,640.24	1091.25	.008 4408.45	8.67
ACCOMMODATIONS	2,098	8,621	3,150,802.74	365.48	.008 1501.81	2.90
ADMINISTRATIVE DAYS	239	1,874	422,339.72	225.37	.002 1767.11	.39
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	.00
ALL OTHER ACCOM	1,863	6,747	2,728,463.02	404.40	.006 1464.55	2.51
ANCILLARIES	2,132	0	6,256,837.50	.00	.000 2934.73	5.77
INPATIENT CROSSOVERS	2,375	13,602	1,983,696.13	145.84	.013 835.24	1.83
ALL OTHER INPATIENT	1	0	.00	.00	.000 .00	.00
HOSP OUTPATIENT TOTAL	126,475	582,464	16,903,754.08	29.02	.537 133.65	15.58
MEDICAL	19,140	33,384	1,537,164.33	46.04	.031 80.31	1.42
SURGERY	7,914	11,644	471,496.38	40.49	.011 59.58	.43
PATHOLOGY	42,271	159,874	2,138,983.10	13.38	.147 50.60	1.97

RADIOLOGY	22,502	34,909		2,754,239.50	78.90	.032	122.40	2.54
ROOM USE	66,809	102,991		4,123,923.40	40.04	.095	61.73	3.80
CROSSOVERS/ALL OTH OUTPTNT	68,717	239,662		5,877,947.37	24.53	.221	85.54	5.42
@COUNTY HOSPITAL TOTAL	513	2,057	\$	457,524.68	\$ 222.42	.002	\$ 891.86	\$.42
CO HOSPITAL INPATIENT TOTAL	75	344		397,077.52	1154.30	.000	5294.37	.37
HSC HOSPITALS	73	329		394,082.34	1197.82	.000	5398.39	.36
NON-HSC HOSPITALS TOTAL	1	1		1,315.18	1315.18	.000	1315.18	.00
ACCOMMODATIONS	1	1		231.30	231.30	.000	231.30	.00
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		1,083.88	.00	.000	1083.88	.00
INPATIENT CROSSOVERS	2	14		1,680.00	120.00	.000	840.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	457	1,713		60,447.16	35.29	.002	132.27	.06
MEDICAL	113	152		6,134.17	40.36	.000	54.28	.01

SURGERY	27	39	1,340.38	34.37	.000	49.64	.00
PATHOLOGY	136	578	7,334.91	12.69	.001	53.93	.01
RADIOLOGY	95	147	8,771.27	59.67	.000	92.33	.01
ROOM USE	260	334	13,108.15	39.25	.000	50.42	.01
CROSSOVERS/ALL OTH OUTPTNT	234	463	23,758.28	51.31	.000	101.53	.02

#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

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1,085,129 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	135,864	673,152	\$ 118,028,734.25	\$ 175.34	.620	\$ 868.73	\$ 108.77
COMM HOSP INPATIENT TOTAL	18,029	92,401	101,185,427.33	1095.07	.085	5612.37	93.25
HSC HOSPITALS	13,735	70,193	89,797,086.14	1279.29	.065	6537.83	82.75
NON-HSC HOSPITALS TOTAL	2,133	8,620	9,406,325.06	1091.22	.008	4409.90	8.67
ACCOMMODATIONS	2,097	8,620	3,150,571.44	365.50	.008	1502.42	2.90
ADMINISTRATIVE DAYS	238	1,873	422,108.42	225.36	.002	1773.56	.39
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,863	6,747	2,728,463.02	404.40	.006	1464.55	2.51
ANCILLARIES	2,131	0	6,255,753.62	.00	.000	2935.60	5.76
INPATIENT CROSSOVERS	2,373	13,588	1,982,016.13	145.87	.013	835.24	1.83
ALL OTHER INPATIENT	1	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	126,088	580,751	16,843,306.92	29.00	.535	133.58	15.52
MEDICAL	19,030	33,232	1,531,030.16	46.07	.031	80.45	1.41
SURGERY	7,888	11,605	470,156.00	40.51	.011	59.60	.43
PATHOLOGY	42,147	159,296	2,131,648.19	13.38	.147	50.58	1.96
RADIOLOGY	22,416	34,762	2,745,468.23	78.98	.032	122.48	2.53
ROOM USE	66,584	102,657	4,110,815.25	40.04	.095	61.74	3.79
CROSSOVERS/ALL OTH OUTPTNT	68,506	239,199	5,854,189.09	24.47	.220	85.46	5.39
@STATE HOSPITAL	52	1,766	\$ 833,166.17	\$ 471.78	.002	\$ 16022.43	\$.77
MENTALLY ILL	34	1,074	500,789.27	466.28	.001	14729.10	.46
DEVELOP. DISABLED	18	692	332,376.90	480.31	.001	18465.38	.31
@NURSING FACILITY	25,116	749,108	\$ 86,126,364.75	\$ 114.97	.690	\$ 3429.14	\$ 79.37
LEV A-INTERMEDIATE	4	91	7,969.86	87.58	.000	1992.47	.01
LEV B-REHAB MD	26	672	75,560.15	112.44	.001	2906.16	.07
LEV B-SUBACUTE FREESTANDING	263	8,453	2,972,265.90	351.62	.008	11301.39	2.74
LEV B-SUBACUTE HSPTL BASED	406	13,958	6,623,063.71	474.50	.013	16312.96	6.10
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	24,438	725,934	76,447,505.13	105.31	.669	3128.22	70.45
@INTERMEDIATE CARE FACIL.-DD	3,530	109,164	\$ 17,028,074.13	\$ 155.99	.101	\$ 4823.82	\$ 15.69
ICF DDH	2,043	63,433	8,691,888.00	137.02	.058	4254.47	8.01
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1,487	45,731	8,336,186.13	182.29	.042	5606.04	7.68
@HEMODIALYSIS TOTAL	4,744	62,129	\$ 4,676,636.28	\$ 75.27	.057	\$ 985.80	\$ 4.31
HOSPITAL BASED	185	533	659,221.93	1236.81	.000	3563.36	.61
HEMODIALYSIS CENTER	4,574	61,596	4,017,414.35	65.22	.057	878.32	3.70
@REHABILITATION FACILITY	3,337	20,109	\$ 419,870.85	\$ 20.88	.019	\$ 125.82	\$.39
HOSPITAL BASED	1,825	7,569	222,000.94	29.33	.007	121.64	.20
INDEPENDENT FACILITY	1,524	12,540	197,869.91	15.78	.012	129.84	.18
@LABORATORY FACILITY	35,657	154,161	\$ 2,026,023.42	\$ 13.14	.142	\$ 56.82	\$ 1.87
PATHOLOGY	35,485	153,803	2,019,397.33	13.13	.142	56.91	1.86
XO AND OTHERS	193	358	6,626.09	18.51	.000	34.33	.01
@ORGANIZED OUTPATIENT CLINIC	194,827	318,484	\$ 25,514,810.57	\$ 80.11	.293	\$ 130.96	\$ 23.51
CLINIC	5,057	21,021	545,545.43	25.95	.019	107.88	.50
SURGICENTER	1,206	4,565	264,320.10	57.90	.004	219.17	.24
HEROIN DETOX CLINIC	304	3,794	42,836.82	11.29	.003	140.91	.04
RURAL HEALTH CLINIC	188,618	289,104	24,662,108.22	85.31	.266	130.75	22.73

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1,085,129 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	201,578	12,666,748	\$ 28,753,438.45	\$ 2.27	11.673	\$ 142.64	\$ 26.50
DURABLE MED. EQUIP.	5,515	20,113	4,024,041.51	200.07	.019	729.65	3.71
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	755	938	401,315.55	427.84	.001	531.54	.37
MEDICAL TRANSPORTATION	21,520	835,708	4,211,058.68	5.04	.770	195.68	3.88
AMBULANCES/AIR TRANS	14,104	156,462	2,049,019.96	13.10	.144	145.28	1.89
OTHER TRANS	5,463	648,823	1,890,691.83	2.91	.598	346.09	1.74
OTHER SERVICES	2,893	30,423	271,346.89	8.92	.028	93.79	.25
ACUPUNCTURE	575	1,182	21,779.96	18.43	.001	37.88	.02
ADULT DAY HEALTH CARE CTR	6,241	91,130	6,323,681.60	69.39	.084	1013.25	5.83
GENETIC DISEASE TESTING	6,526	6,545	675,827.00	103.26	.006	103.56	.62
IHMC,MODEL-NF,NF,AIDS,MSSP	3,332	67,642	2,428,316.97	35.90	.062	728.79	2.24
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	36,700	80,865	924,003.58	11.43	.075	25.18	.85
PHYSICAL THERAPIST	172	575	29,400.58	51.13	.001	170.93	.03
PORTABLE X-RAY	506	1,604	17,630.31	10.99	.001	34.84	.02
PROSTHETIST/ORTHOTISTS	4,242	10,517	761,213.29	72.38	.010	179.45	.70
PROSTHETICS	2,794	8,686	595,349.70	68.54	.008	213.08	.55
ORTHOTICS	1,781	1,831	165,863.59	90.59	.002	93.13	.15
PSYCHOLOGIST	317	1,168	54,640.45	46.78	.001	172.37	.05
SPEECH AND AUDIOLOGY	3,821	12,967	652,063.73	50.29	.012	170.65	.60
HOSPICE SERVICES	258	4,541	535,707.93	117.97	.004	2076.39	.49
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	96,139	478,576	4,003,139.98	8.36	.441	41.64	3.69
EPSDT SUPPLEMENTAL SERVICE	113	36,211	887,522.52	24.51	.033	7854.18	.82
RESPIRATORY CARE PRACT.	36	36	1,061.28	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	25,199	11,016,466	2,802,094.81	.25	10.152	111.20	2.58
@CALIF. CHILDREN SERVICES*	25,084	1,350,921	\$ 52,792,457.50	\$ 39.08	1.245	\$ 2104.63	\$ 48.65
@XOVER EXCLUDING STATE HOSP**	91,089	1,610,904	\$ 14,076,060.91	\$ 8.74	1.485	\$ 154.53	\$ 12.97

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.